

way in which we have done the work on a purely philanthropic basis for many years. I believe also we see that no longer is any individual or community justified in doing its own daily or yearly round of service of this sort, irrespective of, and in addition to the demands for similar work throughout the country. Once more nurses are challenged and justly so, to collective effort, and also to the establishment of standards which Dr. Frankel has so clearly shown us we do not as yet possess.

Miss Wrigley of Pasadena asked why hourly nurses were debarred from active membership in the National Organization for Public Health Nursing and was told by the chairman that they are not debarred.

MISS HOLMES: Would it be of interest to know how many women in this audience have ever attempted to do hourly nursing in the United States?

In response to a request from the chairman, twenty-one nurses rose.

MISS ASH: I would like to ask Dr. Frankel if he can tell us how many nurses are employed in the United States by the Metropolitan Insurance Company.

DR. FRANKEL: I have no data. Most of the nurses are employed by the visiting nurses association, but I have no record of that number.

THE CHAIRMAN: Allow me to answer that question. The figures brought up to about June 1, were a little over five thousand. Of course not all of those are in the employ of the Company but that includes the Company's service.

After some announcements, the session adjourned.

On Tuesday evening at 8 o'clock, a joint session of the three associations was held at Festival Hall, Exposition grounds, under the auspices of the National League of Nursing Education.

WEDNESDAY MORNING, JUNE 23

RED CROSS SESSION

GEVEVIEVE COOKE, *presiding*

THE OPPORTUNITY AND RESPONSIBILITY OF PUBLIC HEALTH NURSES IN RELATION TO SOCIAL HY- GIENE AND PUBLIC HEALTH WORK

By ADELAIDE BROWN, M.D.

I want to address you as sisters because I have the privilege of being the daughter of the woman physician who started the training school on the Pacific Coast and a woman whose ideals for training nurses have

not yet been attained, so I wish to speak to you as sisters, as well as fellow workers. I have written my paper because there is no question in the world where one gets so involved in trying to speak to an audience as on the question of social hygiene. I have some very definite things to say, and I want to say them as clearly and as carefully as possible.

The public health nurse is a new creation rising up to meet the demand with, as yet, little chance for special training. Public health, as a specialty, is in its infancy in medicine. The national government in the Quarantine and Public Health Service, has called its members from the rank of its general medical service and makes its appointments by examination as to fitness. The national problem of quarantine has been the cause and development of this service, and the union of this service with the treasury department shows either how important public health is in the wealth of the nation, or, what is more likely, that it fitted even less well in other departments of the state. The same problems that are the health problems of cities and towns are dealt with for the soldiers, sailors and Indians and at the great ports of entry of the nation, by this service.

Training for public health as a specialty is offered to the medical profession by Harvard University, the Institute of Technology and the University of California. The latter has a Public Health Degree and a Doctor of Public Health Degree, the former not requiring a previous medical degree, but a two years course in public health. For nurses I know there have been recently organized at Simmons College in Boston, at Cleveland and at Teachers' College, New York, special courses in public health and social service nursing. As yet, however, most nurses have entered their work with no special training. The nurse is demanded and she is supplied and trained in the slow school of experience. During the past eight months a well-organized set of lectures has been offered free of charge to the social service workers, volunteer and regular, of the city at the San Francisco Polyclinic. This course has covered various problems of dependency, delinquency and public health, by persons more or less specialists in their lines, and each talk is followed by a vivid discussion arising from the questions asked. The course has drawn an average audience of twenty-five and the interest and attendance have kept up throughout. It is a good beginning for seminar work on the subject next winter.

Now, that excludes women entirely from the course of training. Harvard and the School of Technology have affiliated for public health teaching, and they give a diploma; but Harvard is not a co-educational school, consequently the affiliation will debar women nurses from tak-

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ing the course and receiving a certificate or diploma in public work health from the School of Technology. This is a matter for a well-organized protest, because public health is going to be largely in the hands of women, the detailed work which all women are able and willing to do by virtue of their efforts and training and equipment, and there is no reason why any school in the United States which is co-educational on every other subject should exclude women from public health. So I advise you people to make a very well organized protest, a very dignified one, to such a restriction.

With the increase of medical public health work in the cities, there will come a demand for specially trained women and I hope the universities and great vocational colleges will see this opportunity. Social service and public health nursing go hand in hand, but to do either to its highest limit a broader foundation on the intellectual side will be necessary. Sociology with no basis of logic and economics makes for confusion in conclusions. The trend of affairs and the details of individual experience must both be kept in mind, and without the background of special theoretical training the purely practical social worker must sooner or later feel very inadequately fitted for the work. Biology, economics and history should enter this special work.

One of the natural points of meeting for the outsider and the home circle is sickness. The trained nurse has always had the opportunity for educating her clientele, rich or poor, on health or social service matters. Today she can fight and open the way for scientific knowledge. Every nurse has her opportunity as a public health teacher in private nursing. Each home is virgin soil for practical teaching. Each time a nurse enters the home the power of the family to prevent sickness, as well as to care for the sick, should be raised. On every public health question every nurse should be alert. To the public health nurse coming in contact with homes in great numbers, is afforded a far larger opportunity. At present the open discussion method has put tuberculosis in the rank of preventable diseases. The laity no longer considers a patient necessarily hopeless. Everyone, patient, family, doctor, nurse, social agencies and corporations join in the fight put up to save an adult life. The position of the feeble-minded is beginning to be well understood. Schools with ungraded classes and special schools all tend to treat him fairly. The child of imbecile or idiot grade is brought up by the state institutions, too few and too small as yet. The health of children, the baby-hygiene movement and the public-school nurse both protect, and the gap covering the period between the school and baby hygiene nurse can best be bridged by building across from both ends with the aid of the Children's Conference as outlined at the Chil-

dren's Bureau at the Exposition in the Palace of Education, and the study of the home as a unit by the public school nurse or other visiting nurse as she enters it.

Let us trace Johnny, aged eight, who has been followed to his home by the school nurse, after the card on adenoids and tonsils has been disregarded. The tenement home shows three younger children and a new baby expected. The little brother and sister are also mouth-breathers. This school nurse's problem is to explain to this mother what a handicap to Johnny's health his throat and nose condition is and to get her coöperation. This mother will understand cleaning up the running noses and that running ears will be avoided, but she may not appreciate endocarditis as a risk or the delayed development of the body and mind of Johnny. Now after persuading the mother to have Johnny operated on, is this family handled? From the point of view of the school, yes; but as a social hygiene problem, no. The care of the younger children is equally necessary. They are future school children and may be handicapped by their condition as each year passes. The mother, too, is a pre-natal clinic case, or if she has her own doctor, she should have a word as to the care of herself. If the bed-room hygiene is bad, fresh air for all and a bed alone for the new baby are easily suggested, and a word on social hygiene as to telling the children the new baby is coming and having them help get ready for it, fits easily into the situation. All this may not be done in one visit, but, by establishing sympathetic relations all along the family line, after several visits. Social hygiene in its broadest, as well as its narrow and restricted sense, is established by knowing this family after many visits. No time is wasted in the broader work done, for as many a school nurse can tell you, Johnny's tonsils are seldom removed with only one visit from the nurse. The baby hygiene nurse, following up cases from the charity organizations or boards of health, can speak of the health conditions of older children. The neglected period of childhood from eighteen months to six years has its special problems as well as the general hygiene problems of all human life. The children's conferences should be the clearing house, not for sick children, but for all children, to keep the child up to the best point of health is a state asset. "Keeping people well" is the new public health slogan. As public health nurses enter homes, as school, tuberculosis or baby hygiene nurses, education is their chief work. Alert to their own specialty, they should be equally alert to every possible opportunity for public health service.

The herding of people in large cities has brought its own problems. The social hygiene problem has many sides. Social hygiene taken in the broad sense includes every division of the health question when

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applied to numbers of people. The meaning of the phrase has been restricted to include only that part of the human problem which deals with the male and female of the human race, normally expressed in the organization of the home and the rearing and supporting of children, but abnormally warped by the tension of modern life, by economic stress, the double standard of morals, to show itself in pathological excrescences and in the havoc of venereal diseases and the blot of prostitution. These facts and the menace they are to the public health and to the efficiency of the home, must be in the mind of every social worker and public health nurse.

The method of concealment, omitting sex instruction to childhood and youth on matters of sex and their importance to home-making, to personal health and the health of another generation—leaving all this unsaid, has been tried out thoroughly, with a result of human wreckage that is terrible to contemplate. Education has only begun to be tried along these lines. By education, we mean a constant holding up of the ideal on the sex question to the child, the growing boy and girl, as clearly and as well as patriotism or personal honor are taught. The nobility of inspiration of responsibility to the coming race should be part of every boy's or girl's ideals. Dangers can also be taught clearly but should never be all that are taught.

To the home belongs this duty at this time, but every one who meets the home as a public health nurse or social worker should be personally well-informed and convinced of the necessity of talking over with the mother her duty to the children on this subject. A wholesome respect for the wonder of the human mechanism and a pride in bodily health, to be encouraged by athletics united with an ideal of home life as a future calling and the loss of curiosity which information gives, will do much to arm a boy or girl with true reserve and consequently with self-protection.

This campaign of education has been carried on vigorously in Oregon for the past five or six years and in California for three years. The Oregon Society has had an annual appropriation of \$10,000 granted by the state legislature as well as \$6,000 in private contributions with which to carry on this work. It publishes leaflets and conducts lectures by trained speakers and has the coöperation of the Reed College in a university extension course of lectures given in Portland each year. It is doing altogether a strong, able piece of educational work and is serving as a model for national work on the same lines.

California has its Social Hygiene Society and with far less support financially, a budget of only \$6,500 for the past eighteen months, a very consistent course of education has been followed up, beginning with a

course of lectures to public school teachers to lay before them that this subject of Social Hygiene must be taught somewhere, church, school, and home being the three possible agencies. Slowly lectures on social hygiene have been given to men and women together, in the public schools, evening lecture courses, especially emphasizing the necessity of education. All types of labor and fraternal organizations and unions have listened gladly to stereopticon lectures, often keeping the lecturer one or two hours answering questions. Large corporations have allowed time to their employees for the lectures and the lecturers have been sent throughout the state to speak at the various railroad clubs, prisons, reformatories. Sixteen lectures were given under government auspices for the soldiers stationed in and near San Francisco, the coast artillery corps and the young boys at the naval training station, Goat Island. The lecture given has slides illustrating the law of reproduction in plant and animal life, the human pelvic anatomy, male and female, the growth of the ovum, the germs of infection of gonorrhoea and syphilis, the common lesions of these diseases in the blind baby, the sterile and invalided woman, the sterile man, up to insanity, etc. It is simple, straightforward, and seems to offer answers to what the people want to know. This lecture has been given 250 times in the past eighteen months to approximately 25,000 people.

In April, 1915, the California State Board of Health issued a sign for lavatories with simple scientific facts in regard to venereal diseases and warnings against so-called "specialists," this being practically a duplicate of the Oregon sign. This sign has been framed and placed in 850 lavatories in coaches and stations of the Southern Pacific system in the state of California. In addition, a similar sign issued by the San Francisco Board of Health, has been placed in the lavatories of the ferry boats and local trains, saloons and men's lodging houses, and throughout the Exposition grounds. The California Social Hygiene Society financed, printed and framed these signs, a total of 1,500. These signs have brought much favorable comment and as yet no criticism.

At the Exposition, weekly conferences are conducted at the booth of the Children's Bureau and are attended by from fifteen to twenty-five people. The American Social Hygiene Association has an exhibit in the Palace of Education and circulates a series of pamphlets of the Oregon and California societies.

The coöperation of every intelligent man or woman, parent, teacher, trained nurse, public health nurse, social service nurse and practicing physician is needed to help in this campaign of education on social hygiene. No one knows so well why the insane hospitals teem with

syphilis, or why 25 per cent of our blind children are doomed at best to a saddened life, if an efficient one.

Do not for one moment take an indifferent attitude on this subject, any more than you would dare to do by failing to instruct as to boiled water and boiled milk in a typhoid epidemic; or fresh air and good food in avoiding tuberculosis, and so on through the whole line of social service and public health questions.

We have been indifferent, our boys and girls are both commercially profitable through their ignorance, and the responsibility for their health rests on us of a preceding generation. An educated generation on social hygiene is still in the future; but we can, each one, educate a few citizens, till an army of intelligence takes the place of hordes of ignorance, and the social evil is starved out, for it feasts on ignorance.

Now, let me say, in conclusion, that the Rev. C. F. Aked of the First Congregational Church, published in *The Examiner*, which is our most vivid newspaper, an article on the value of this movement for education in social hygiene, a very striking article, commenting on the work of the Social Hygiene Society, and asking and telling people what it was trying to do. This article was copied in every Hearst paper in the United States. It stated that if you applied for the literature it would be sent to you; and from one region in Boston, on Massachusetts Avenue, there were requests for one hundred packages of this literature sent in by different people. We judged, finally, it must be a nurses' home because the letters were signed by women and, apparently, intelligent women. We also received requests from Russia, China, India, Siam and from the whole United States in answer to this one piece of publicity that a fine man gave to the movement.

MISS CRANDALL: Dr. Brown's argument for a study of the underlying causes of things is one of the best notes that could have been sounded. The schools that are giving superficial instruction in many of these subjects are working toward fuller courses. In our Teachers College we have made it possible for the students to have biology and bacteriology and the elements of sociology and economics on which to base the practical application of those subjects. There is also a valuable course on the basis of social legislation which really is a study in vital statistics. As best we can we are developing fuller courses, and the students who can stay two years do get a full course of the elementary sort in economics and sociology.

MISS PATTERSON: I should like to ask Dr. Brown what books she would recommend to the mothers that would be helpful in teaching their children.

DR. BROWN: I would like to recommend a book by Mrs. Gulick, called *The New Creation*, published by Ginn & Company. You have in that book the life of a young boy, and I may say you have to try to reach the age for which a book is written to have the proper effect upon the person reading it. This treats of a boy twelve to fourteen years of age. Then we have a book by Dr. Mary Hood

called *Girls and the Mothers of Girls*. It hits the note perfectly. We have a book *The Need of Sex Education* by Littleton, and one by Wilson of Philadelphia, called *Scientific Book on Reproduction*, and *The Social Emergency* by President Foster of Reed University, Oregon. Those are some of the best books. If you send to any of the social hygiene societies, they will give you all their literature. We would be glad to have you address the Board of Health in the city of San Francisco.

The Red Cross Session, proper, was then commenced.

RED CROSS TOWN AND COUNTRY NURSING SERVICE

By FANNIE F. CLEMENT, R.N.

The Town and Country Nursing Service of the Red Cross is just a young organization, it being less than two years and a half since the first Red Cross Visiting Nurse was assigned to duty. The history of the organization is short, and as a preliminary I should like to outline a little of its origin and purpose. We have in this country a number of organizations and institutions especially interested in rural social problems. Our state colleges and universities, through their extension departments are sending out papers into the rural sections, and in some instances these are touching on health lines. The Rockefeller Sanitary Commission, in its survey for the hook-worm disease in the south, has been covering almost entirely the rural country, as between eighty and ninety per cent of our whole southern land is rural; that is, the people are living in communities of under twenty-five hundred inhabitants. The Russell Sage Foundation, through its southern division, interested people in sections of 216 counties in the southern mountain region, and was especially interested in the health questions of that section. The Federal Rural Organization service, interested in the organization of farm women, has taken up the organization in some sections along health lines. Others through their state and local authorities have Public Health Committees and in some instances are employing visiting nurses. They are also interested in the rural sections and the first Red Cross Visiting Nurse under the administration of a Georgia organization, has recently been sent to the mountains of North Carolina. We find conferences being held in various sections of the country, and more and more these conferences are emphasizing the question of public health. It is well that this is so, because the health needs of our rural sections are great; although they have many of the advantages that the city people don't have, the rural people are in need of things that the city people have. Hospitals are located as a rule in our cities, and some have dispensaries. In rural sections there is greater need for sanitary meas-

ures. Water supply is usually not adequate and sewerage systems are not provided. Then, again, in our rural sections, the people are isolated and through this isolation has grown an individualism. It is about time that the people in our rural sections were getting together for organization work; and that has led to a definite need for this sort of work. Visiting nursing started in our cities and has reached its highest development in our cities. Rural nursing has been an outgrowth from the city work with very few exceptions.

About fifteen years ago, rural work was started in the county of Westchester, New York State, and through the work of a Johns-Hopkins graduate, who started the work in her home town, among her rural people, a system has developed which now covers between eight and nine different villages, Miss Holman's work in the mountains of North Carolina has established healthy conditions amongst these mountain people. The first idea that the Red Cross should take up the organization of a town and country nursing service was brought about by Lillian Wald of New York City. This was in 1908, and was under consideration until 1912, when an endowment of \$100,000 was made to the Red Cross by Jacob Schiff, of New York, when the organization of the service was made possible.

The purpose of the Red Cross in organizing this service was to reach the rural people and those living in small towns who were not touched by the visiting nursing organizations of our cities. The limit to the size of a community in which this work should be taken up has been set at twenty-five thousand. The Red Cross, in organizing this staff of visiting nurses who would be especially equipped for nursing in the smaller communities, requires a hospital training school standard similar to that for the enrollment of other Red Cross nurses. The preliminary educational requirement is two years' high school education or an equivalent, but special training in public health is required, a minimum period of four months, which will be for the theoretical and practical training in public health work. Experience has taught us the need of a more thorough preparation than can be obtained in these four months, so the Red Cross is now emphasizing the necessity of nurses who wish to enter this field taking a regular eight months' course, such as is given in all larger cities like New York, Boston, Philadelphia and Cleveland.

The Red Cross, after appointing the nurse, maintains a general supervision over her work through the receipt of a duplicate monthly report and through visits to the nurse and the nursing organizations. It has established a traveling library especially for the use of these nurses, which contains books and pamphlets on the various topics in connection with their work. Within the last two months a bulletin

has been issued which, we think, will serve as a medium of mutual helpfulness between the nursing organizations and the Red Cross.

Up to the present time Red Cross visiting nurses have been appointed in eighteen different states, and number between forty and fifty. These nurses as a rule are employed for general visiting nurse service, although in our cities we find the specialized school nurse and the infant welfare worker or the tuberculosis worker. In our rural districts the nurse is a general worker and in most instances they are combining their general school work with their general visiting nurse service. For instance, in an Alabama County, the nurse is known as a county nurse, but is primarily employed for school nursing. In covering the Georgia area, little bedside nursing is possible. There the work is largely educational, and with her horse and buggy the nurse drives to the various school districts, spends a few days in each district, examining one and then going to the next, and having meetings to form local branches of a county association, thus interesting the parents of the children on general topics of sanitation. In a mountain community in Kentucky, where a nurse has been employed six months, she has, during that time, examined all the school children, and she has found about 7 per cent of them in a little town having trachoma. Three have been excluded from school and since that time a Kentucky state law, excluding children with this disease, has been put into force.

In Wisconsin, a school nurse who is doing that with her regular work, is giving attention to the teachers' training school, speaking on such subjects as school-room ventilation, and what efforts a teacher may exert in regard to the health condition of the children. This we find is filling a great need and there is need for it in other sections. These teachers will send their representatives, or go themselves, into the rural districts of Wisconsin much better prepared to minister to the wants of the patients than those who have not had that training. In some of our communities we find that nurses are holding conferences regularly, making visits and discouraging the practice of untrained midwives; they are holding very successful classes attended by mothers. In one community in South Carolina the nurse is officially appointed a sanitary inspector. In this community washerwomen are obliged to hold a permit before they are able to take in laundry work. The nurse inspects the homes of these women and unless their kitchens, tubs and premises are kept up to a certain standard the permit is withdrawn. It means that the visiting nurse is going into the homes of between seven and eight hundred families and in many ways is of assistance to these families.

The question of conveyance is an important one in connection with the rural nurses' work and the Red Cross has been especially anxious

to encourage visiting nursing associations to provide adequate means of conveyance for the nurses who have to cover large territory. Four of the nurses have automobiles; several of them have horses or a horse and buggy provided and a number are riding bicycles. We are trying in the rural communities to encourage local organizations to carry out the community center idea, providing a neighborhood house where the nurse may have her home, where perhaps a little dispensary may be opened and where provision may be made for meetings and clubs. Most of the nurses charge for their visits. They are not known as charity nurses. We have one nurse whose salary is paid altogether by public funds and she, too, is collecting fees, as it seems advisable in that community. Red Cross visiting nurses are appointed in communities where there are local organizations who will assume responsibility for their work, or who have an affiliation with the Red Cross. By such an affiliation the local community and local organization agree to accept certain standards in regard to the visiting nurses' service. As a rule we find them most anxious to carry out any recommendation that may be made in regard to the administration of their service. The institutions that look after the friendly service in local organizations will have care of their chapters, and in fact in two instances they are connected with public boards, the Board of Supervisors in one, and the council in another. When a body affiliates with the general nursing service it means that a nurse must come up to a definite standing of training and ability and that the service to a certain extent will be guaranteed.

From this brief outline you will see that for this service a nurse is required who has a good education, who has a good nursing training, and who wants to express her initiative and executive ability in trying to meet the needs of the rural people, of which she is fully conscious. I hope the time will come when the Red Cross nurse will be known, not only for her work on the battlefield, but for continuous constructive work in trying to meet the great health needs of the many thousands of isolated people in our country.

A RED CROSS VISITING NURSE IN ARIZONA

By KATHERINE KRAFT

My experience as the first visiting nurse in Arizona began in Jerome in October, 1914. It is a typical mining camp with a population of about 3,000. The town is hung, rather than built, on the side of a mountain. One takes the trail there, instead of the street car, and goes down the gulch or across the canyon instead of strolling on the boulevard or crossing a Brooklyn bridge.

The chief industry and points of interest are the copper and gold mining smelter and plant. The town itself is far from being a thing of beauty, but at the foot of these cactus-covered mountains, we have the fertile and beautiful Verde Valley. Across the mountain and the desert beyond, are a range of hills and mountains with a peculiar formation of red rock. The lights and shades of coloring, caused by atmospheric conditions and distance, are indescribably beautiful. If the cares of life and work in Jerome tend to be depressing, one has but to lift the eyes to the distant hills, to be inspired. Often it seems as if one sees not scenery, but a vision, the view is so wonderfully lovely.

It seems that epidemics are the evil out of which good may come to Jerome and other communities in Arizona. Each year, heretofore, the schools have been closed for a month or more on account of epidemics. From reports of communities in the east, where visiting and school nurses were doing effective work, the nursing association got the idea that a public health nurse would be a certain preventive of the much-feared epidemics. As yet there is no form of medical inspection of school children. The instructions given me were simply these: keep down epidemics; teach hygiene in the schools, and do visiting nursing. I felt that the teaching and the visiting nursing were within my power, but my courage almost failed when I thought of keeping down epidemics. Imagine my dismay when, about a week after starting work, there was diphtheria two doors from the school. Although the state law requires a modified quarantine for diphtheria, there was a double guard put on duty. After some persuasion and much explanation, the family was very good about following instructions regarding disinfection of bed clothing and excreta.

The schedule arranged for work was this: give a hygiene talk of fifteen minutes in each class (there are thirteen rooms); make one routine inspection of one class each day; spend the rest of the time in visiting nursing, and follow-up work of the school children. The routine inspection was of true value when chicken-pox came to town. The first few cases were soon weeded out. After it had spread into several homes, the health officer had the council pass an ordinance to placard the houses. This did much to prevent the disease from spreading. We did not have to close the schools. It is surely due to the grace of God, but this is the first school year in the history of Jerome that the schools have not been closed on account of an epidemic. Incidentally, also, the work brought about the discovery and exclusion of several advanced cases of trachoma and many cases of follicular conjunctivitis.

In the work of visiting the homes to give nursing care to the sick, I was impressed with the fact that a great many of the girls have no

opportunity of learning the crudest principles of housekeeping, sewing, or the care of children. Neither do they have even a pretense of any social life. The homes are crowded and the mothers, in many cases, lack time and knowledge. I invited about twenty girls, all over eleven years of age, selected from homes where the need seemed greatest (each home having an infant in it), to join a club. We started a modified Little Mother's League. I hoped for ten or twelve members and was surprised to have twenty-two enrolled at the first meeting. There are now thirty. They are learning to do plain sewing. We meet for one hour each week and, in addition to sewing, we have a fifteen minutes' discussion on the care of the baby. We hope to have material to teach by demonstration soon. Our desire is to carry on, as best we can, infant welfare work. The girls are interested, even enthusiastic, and eager to learn.

The midwife question is quite a problem. Very few of the laboring class feel they can afford to pay a doctor's fee. There is no law in Arizona regulating the practice of midwifery and the result is that any one who so desires can practice. Very often the midwife is extremely old, unclean and ignorant. She has had, as a rule, an average of from ten to nineteen children. Seven to twelve may have died in infancy, but that signifies nothing. "God took them."

The usual procedure is to have all the dark-colored rags to be found, ready to put under the patient to absorb discharges. I was present at one case where a very popular old midwife officiated. I arrived just after the child had been delivered. There were five women present. They took a piece of black cheesecloth, about two yards long, put it around the middle of the patient; then an old woman perched on each side of the bed, and pulled with all their might until the placenta was expelled. I thought the patient would be severed in two, it was so tight. They then tied the cheesecloth in three knots and left it with instructions not to untie it for three days. Following this they looked about for a string to tie the cord and were about to take the twine from an old flour bag. I persuaded them to take a piece of sterile tape, but no amount of argument would convince the young Mexican mother that the hangman-like arrangement tied about her waist was not the proper thing. I wanted to give the patient a bath the next day, but they made it quite clear that the midwife disapproved of me, and of course refused to call in a doctor, so I had to dismiss the case. The father of this same child came to me a month later. The child had umbilical hernia. The midwife had been applying the ashes of burned rags, but failed to effect a cure. I persuaded the father to take the child to a doctor, who applied an umbilical truss. The child is now well and strong, and the father,

at least, feels as if the methods of the midwife could be improved upon.

I have found in my short experience, and it is not possible for me to get in touch with but a small percentage of these cases, four cases of puerperal sepsis, three still births, one death from streptococcus infection of the cord, and three umbilical hernias. These are cases upon which I just stumbled. It is hard to say what I would find if I really had time to look around.

We talk of crowded tenement districts in our large cities. If, however, a number of families, having five or more children each, who have anywhere from eight to sixteen boarders and who live in from three to eight rooms, should be counted, many mining camps would have their tenement districts also. If perchance a stranger makes a disparaging remark about sanitary conditions in Jerome, an old resident or some old prospector, usually says, "It is one of the healthiest camps in Arizona, not half as unsanitary as most of them."

The people say the Rural Nursing Service has done some good in Jerome. It has met a much-felt need. The little that has been accomplished is nothing to what should be done. The need for this work seems very urgent and if Jerome is better than most mining camps the need must indeed be great in others. If dreams come true there will be medical inspection of school children follow-up work by properly trained nurses; registration of midwives; means of having the defects of poor children in isolated localities corrected; a kindergarten for small children of working mothers, so that the older children can go to school; and some social center for men. The closing of the saloon in Arizona is a step in the right direction, but to take away the only apology for a social center in a mining camp and to substitute nothing, does not seem a square deal. We have Americans in the making in the camp, as well as the city. Humanity is the same. The children are the same, only, it seems to me, the need is greater.

The American Red Cross should indeed be praised for its earnest endeavor to meet such urgent needs.

THE EFFECT OF AMERICAN RED CROSS STANDARDS ON TRAINING SCHOOLS, NURSING ORGANIZATIONS AND THE NURSING PROFESSION

By SARA E. PARSONS, R.N.

Our history of nursing tells us how forty-three years ago a few far-sighted, noble women realized that trained nursing offered a congenial occupation to women who wished to be self-supporting and to have a vocation that was of real benefit to humanity. Opposition to the

introduction of trained versus practical nurses in the hospitals was active and difficult to overcome. It was demonstrated so clearly after a time that the trained nurses were a more intelligent and reliable class of assistants, that the doctors who had been most active in their opposition became not only reconciled to the new order of things but they rapidly became dependent upon the trained nurse. Unfortunately training schools were so inaugurated that they proved not only a professional asset of great value but an economic advantage and they are still recognized as the cheapest possible way of getting the nursing work done in hospitals. Consequently, all sorts and conditions of hospitals, large and small, general and special, public and private, start so-called schools and issue diplomas. Meanwhile the pioneer trained nurses were putting their knowledge to the test and were in their turn training other nurses. They quickly recognized the deficiencies in their own training and the common defects of nursing schools. It is most interesting to note that in the beginning of our first schools an earnest attempt was made to give the nurses a general training in the different branches of nursing. Affiliations were attempted but the difficulties were such that after a short time each hospital started its own school, most of them giving a two years' course even if the hospital offered but one kind of experience.

This was a situation so manifestly to the advantage of the hospital and to the detriment of the nurse that finally the more experienced women in the profession realized that nothing but legislation governing the education of nurses would make it possible to re-establish the schools on a better basis. Just as soon as a state established an examining board and especially where a training school inspector was appointed, a great change came about in the hospitals. Even the agitation for state examination and registration set the wheels a-going. I know of more than one state where influential hospitals that knew their schools could not meet the minimum requirements that were being recognized opposed the bills actively and successfully until they had succeeded in bringing their schools into acceptable condition. Indeed, the promoters of these schools changed from bitter antagonists to ardent supporters of high nursing standards in some instances. Large general hospitals opened their seclusive doors to the pupils of the small and special hospitals. The special hospitals, particularly the maternity hospitals, in most cases stopped training their own nurses but organized three- or four-month courses for affiliated pupils from other institutions and a great improvement in nursing education has resulted.

This metamorphosis has not gone on, however, without arousing considerable antagonism from those institutions whose economic policy

was threatened. The nurses' organizations and examining boards have insisted on two years' training in a hospital, at least. This has interfered with those schools that were sending the pupils out to private families to earn money for the hospital. They also insisted on an educational standard, pitifully low in many instances, being only one year in high school or an equivalent. When the Board of Regents in New York State found that this equivalent was not being honestly interpreted a rule was made that the educational credentials must be submitted to the Regents and then "the fat was in the fire." To the astonishment of everybody it was found that this requirement was objectionable to some of the largest and best-known hospitals, that said they could not keep their schools supplied with pupils under such restrictions. In New York the opposition to higher standards grew to such a proportion that there seemed imminent danger at one time that everything already accomplished would be overthrown. The opposition spread to other states and the New York conditions were made to serve as a boggy man for the arguments against registration elsewhere.

Truly we were almost discouraged when lo! quietly and effectively the Red Cross came to the rescue. It was decreed from Washington that all nurses desiring to join the Red Cross must conform to the following requirements:

To be eligible for enrollment nurses must have had at least a two years' course of training received in a general hospital which includes the care of men and has an average of at least 50 patients during the applicant's training.

In cases where subsequent hospital experience, or a post-graduate course, would seem to supply any deficiency of training, applicants may be enrolled with the approval of the National Committee.

Graduates of State Hospitals for the Insane are not eligible for enrollment unless their experience includes at least six months' training in a general hospital, either during their course of training or subsequent thereto.

In states where registration is required by law, graduates of schools not meeting the requirements of the State Boards of Registration will not be considered eligible for enrollment, and it is most desirable that the applicants themselves be registered.

To be eligible for enrollment applicants must be members of organizations which are affiliated with the American Nurses' Association, and must have the official indorsement of this organization and of the Training School from which they graduated.

What nurse could fail to wish to belong to the Red Cross? What school could afford to ignore the standard required? Who could question such a high authority? Who was powerful enough to overthrow the regulations? and lastly who could question the wisdom of these requirements for such great responsibilities?

At last we felt our feet on solid ground and with our campaign of publicity as to nursing education we may now hope for the assistance of the public in demanding that training schools shall meet certain standards and that nurses shall be registered. It seems that the Red Cross re-organization came at the psychological moment for our purposes. We owe Jane A. Delano a great debt for her altruistic and wise leadership at this critical stage of our development.

Obviously the Red Cross nurse must not only be a good woman, even-tempered, well-poised, but well-trained in all the essential branches of nursing. It is not enough to know "bandaging" as some of our good volunteers think, but she must be prepared not only for surgical work but for anything in the way of illness, as in times of famine, fire and flood, it is the unexpected and unimagined contingency that has to be met and her work must often be done with little or no supervision.

With the recognition of town and country nursing problems, the Red Cross has indeed made itself the emblem of universal helpfulness. It has recognized that suburban more than urban communities need the all-around trained nurse who is a woman who can teach and who has the power to win confidence and the coöperation of lay people. More and more the nurse is also a teacher and her theoretical knowledge must be sufficient to enable her to understand and to combat the causes of illness. None of us who love our profession and believe it to be worthy the best gifts of mind and heart that women can bring to it and who have had even a little part of the struggle for educational standards but must feel a great debt of gratitude to our National Red Cross organization.

A uniform made of the new crêpe adopted by the Red Cross was here exhibited.

MRS. O'NEAL: The Red Cross has very recently made a provision in its requirements for the enrollment of nurses that an original essay of not less than 250 words, on a subject to be decided upon by the National Board, be submitted by the applicant. This is the first time it has been required in any of these organizations and shows the trend towards educational requirements.

Miss Maxwell, as a member of the Central Committee on Red Cross Nursing Service, was asked by the president to reply to questions.

MRS. STEVENSON: I have been told that there are nurses now joining organizations in order to qualify to be Red Cross nurses who then fail to keep up their membership. I would like to know what can be done to remedy that, whether the enrollment can be cancelled.

MISS MAXWELL: I do not know that any official action has been taken in that matter but during the present call for service in the European War, we have had to eliminate the names of a great many who did not respond.

MISS GIBERSON: In Philadelphia we have had three classes in Home Nursing and the pupils have their certificates but it was given up this last year because it must be under the local Red Cross Committee and the members of that Committee felt they did not have the time to teach these pupils. The first class of pupils to be examined was of factory girls and girls employed; and in one of our girls' schools they had a class, but we found our trouble was in getting teachers. They must be nurses, and must be members of the local Red Cross Committee or under the local Red Cross Committee.

PERSONAL EXPERIENCES IN SERVIA

By MATHILD KRUEGER, R.N.

(Read by Minnie H. Ahrens)

Much has been written of late about Serbia and the Servians, who have the distinction of starting the greatest war the world has ever known and, assuming that my hearers have read all that has been written, still so much has been left unsaid that a correct conception of present day conditions in Serbia is impossible. Hardly recuperating from the devastation and financial drain on one war, they have been drawn into another and another war until Serbia is a nation of widows, orphans and cripples, its natural resources neglected, and an accumulated national debt.

One must know something of the physical, geographical and human history of the Servians, their experiences and struggles, to be in sympathy with them in their present condition. They are a nation of peasant proprietors, each man with his own piece of land, raising what he consumes and consuming what he raises. The typical Servian peasant or soldier, who is one and the same, is a fine upstanding type of humanity who looks you in the face as an equal. George Fitch says the principal occupations of the Servians are farming, cattle raising, fighting and emigrating to America. Although united to the Russians in religion and akin in race and language, the Servians have distinct characteristics of their own; one is a love of independence. They are an extremely democratic people, they have very little in the way of an upper class, the mercantile element being very slightly developed among them as yet.

When the present war broke out there were, in all Serbia, with a population of 5,000,000 people, only nine hundred doctors. The majority of these had to go at once to the army, leaving the civilian population practically without medical service. Of this heroic little band of doctors one-third have fallen victim to the epidemic which they were fighting; these facts alone will suffice to answer the question so frequently asked of us: "Why Serbia?"

The first unit of the American Red Cross doctors and nurses had been at work at Belgrade for two months and had demonstrated their successful relief activities when the Servian Red Cross sent an appeal to the American Red Cross for additional units. In response to this appeal a unit consisting of six doctors and twelve nurses was sent to Servia, sailing from New York on the steamer *Finland*, November 21. It is well we did not know just what we were going to get into or we might not have enjoyed the trip over as we did. The weather was perfect, the boat comfortable and the company good. The bracing sea air and the rest no doubt contributed much toward keeping us well as long as we were.

The wife of the American consul at Belgrade, who had become separated from her husband, while spending their holiday in Germany, when the war broke out, was returning to Servia to rejoin her husband and was put in our charge. She became so attached to the Red Cross that she called herself unit No. 4 and appointed herself postmistress for our unit. Part of each day was spent in familiarizing ourselves with our equipment, which consisted of the United States army surgical chests, medical chests and detached service chests; also in listening to lectures on medicine and surgery and in the practice of uniform dressing and bandaging of wounds.

On December 2 we had our first thrill, being stopped by a French man-of-war, an officer boarded the *Finland* and after making sure that our ship carried no contraband of war, and that most of the passengers were Red Cross doctors and nurses, he allowed us to continue our journey. We arrived at Gibraltar on December 4, where we were greeted by the American consul but were not allowed to go ashore, as only British subjects were granted shore leave; although keenly disappointed, we were made to feel that these restrictions were precautionary and that we were indeed nearing the war zone. Four days later, we were again stopped by a French cruiser and our cargo inspected for contraband of war.

A stop of thirty-six hours at Naples gave an opportunity to see Italy's activities in preparing for war. The streets and public buildings were gay with officers in their gorgeous uniforms and the groups of common soldiers in their distinctive uniforms and all formed a picture an American would never forget. We left the steamer *Finland* at Patras from which place we had a special coach to carry us to Athens. Here, through diplomatic channels, arrangements were perfected for the transportation of our cargo, eighty tons of Red Cross supplies, into Servia. We were told by the Servian minister to Greece that we would be stationed either at Nish or Uskub. As every member of the unit

was desirous of getting as close to the firing line as possible there was considerable disappointment at not being ordered to Belgrade when we knew bombarding was constantly going on.

Three days later on our arrival at Salonique, we received word from the Servian Red Cross at Nish that we were to be stationed at Gievgili just across the Grecian border; thus the last hope of getting to the firing line faded.

As all the hospitals and public buildings of central Servia were overcrowded, this new camp was opened at Gievgili. A large building formerly used as a tobacco factory was turned over to the Servian Red Cross to shelter the patients, but no facilities were installed to make it convenient to care for the sick and wounded, nothing provided for their comfort; the bare building with straw mattresses on the floor was all we had to begin with in the way of hospital equipment. Every drop of water had to be carried some distance and as there was no drainage system, all waste had to be carried out of the building to a cess pool, a distance of several hundred rods. There was no laundry and we found an accumulation of soiled clothes that filled the basement of the main building. Two or three Turkish women came on days that were not saints' days and in small crib shaped tubs, not much larger than our American chopping bowls, washed a few sheets and pajamas. Another evidence of unpreparedness was that no arrangements had been made for quarters for the doctors and nurses, the so-called hotels of the burg were occupied by Servian officers and no private homes were available. After considerable juggling, nine nurses were quartered in one hotel and three in another and the doctors were given rooms at the cholera barracks. Though this does not sound very inviting, these quarters were the more comfortable. At the "hotels" the nurses slept on straw mattresses mounted on wooden frames, several in a room, with no light and no heat. Our toilet accommodations consisted of one small tin basin and a jug of water for nine nurses. Our food was cooked in the general kitchen and served in the staff dining room, and but for a lack of variety was not bad. At breakfast we fared worst, having only tea with lemon and toasted black bread without butter.

On our arrival at Gievgili there were about twelve hundred patients, mostly surgical, sheltered in the tobacco factory; two days later we received 560 more wounded, many of them being Austrian prisoners of war. In this unsanitary locality, the building crowded to its utmost capacity, with vermin and filth on every hand and no prospects of obtaining vitally-needed equipment for the promotion of better sanitary conditions, we went to work, not optimistic nor sanguine of results, but with a determination to do our best.

The planning of a schedule and program was the most difficult problem that confronted the supervisor, for with so many patients needing immediate attention and with conditions so bad, they could not possibly have been worse, a staff of two hundred nurses would have been inadequate. For four days the staff spent its entire time in dressing wounds and getting all the seriously wounded into one ward, averaging four hundred dressings per day; many of the patients had not had their wounds dressed since the temporary first-aid dressing on the field, from ten days to two weeks previous. Badly-infected wounds were the rule, not the exception. Each day we realized more and more how pitifully inadequate our force was for the proper care of the wounded soldiers, and each day conditions grew worse and more disheartening. Our only encouragement was the marvelous fortitude, heroic courage and gratitude of our patients, who rarely even so much as groaned under the suffering of painful dressings.

As it was quite impossible to do any surgery under even ordinary cleanliness at the tobacco factory, a large shed, formerly used as a store house for tobacco, was turned over to us to be converted into a temporary surgical hospital. Two other small buildings were also given over to us for quarters for doctors and nurses. The process of getting from the Servian government furnishings for these buildings, the most important of which were windows, was exceedingly slow and discouraging. However, on January 2 we were able to move into our new building, which had been made quite comfortable, and on January 13 our American flag was raised over our temporary surgical hospital and the first operation performed. As patients were discovered in the tobacco factory needing operation, they were scrubbed, shaved and given new clothing before they were transferred to the "American Hospital" for operation.

Most tragic of all was the meager and unsuitable food supply, two meals a day, consisting of vegetable soup and coarse brown bread, was the usual allowance for all patients alike. They were fed on this diet and then treated for dysentery, typhoid or other intestinal diseases, with a wisdom equal to that of the sage who dipped up water with a sieve. Possibly some notes taken from my diary will give a better picture of things as they were.

January 7. All the wards of the tobacco factory very cold and patients suffering, food very scarce and unsuitable, impossible to get milk or eggs for the sickest patients, even. No clean clothes for the patients or beds, no laundry done for four days, it being holiday week. Nurses all have bad colds and begin to show strain of work which is fatiguing, depressing and disheartening. Insist on their having one afternoon and one-half of Sunday to get out in the air and sunshine.

January 20. New cases of recurrent fever, typhus, pneumonia and smallpox developing daily. Four hundred cases of recurrent fever, many of them Austrian prisoners who have been our only helpers. Sanitary conditions indescribable.

January 28. Medical wards almost hopeless, so many desperately sick patients, very little food and no orderlies to help with work. One doctor and two nurses off duty with temperature of 103°, probably typhus.

Added to our lack of facilities and small force, was the handicap of not being able to speak the language and one may wonder how we did manage. A number of the Servians and Austrians had been to America and were able to speak some "American," as they insisted on calling their English, and these men were a great help to us as interpreters; even though their "American" consisted largely of slang expressions.

That the doctors and nurses escaped contracting disease as long as they did is a matter of comment; a kind Providence surely protected us for not even the crudest pretense at preventing spread of disease could be carried out under existing conditions. The death rate was very high, yet some soldiers recovered, were discharged and sent back to the firing line, only to have the cycle repeated.

In the spread of the disease typhus, the germ has an able assistant in the vigorous and prolific parasite, the louse, and though fighting them with every agency known to science, we were unable to exterminate them, and our slogan became not "Swat the fly" but "Kill a louse."

About the middle of February this dread disease had reduced the working staff of our unit to three nurses and two doctors; the Servians could give us no assistance and we could expect no relief to reach us from America for a month at least. We suffered much for the want of the ordinary comforts, such as we would consider absolute necessities in America. The lack of suitable nourishment was our greatest privation. An opportune visit from Sir Thomas Lipton at this time brought to us such food as he could spare from his ship. As all but three nurses were ill at the same time, and typhus patients are notoriously irritable, it was a matter of conjecture as to who suffered most, those who had typhus or those who remained well and had the care of the others.

The American Red Cross headquarters at Washington were kept informed, by cable, of the condition of the doctors and nurses and any new developments. Instructions were received by our medical director to transfer all the doctors and nurses to a more sanitary zone as soon as it was possible to move the sick. By March 25, all the doctors and nurses who were ill had been moved to Salonique, Greece, and the others to Belgrade where conditions were infinitely better. At Salonique we did not fare much better, as the best hotels were unwilling to receive

convalescent typhus patients as guests; however, we were able to get proper food and were well looked after by the American consul's family, in fact all the American and English-speaking people in Salonique showered us with kindness. The instructions received from Red Cross headquarters, that all doctors and nurses who had been sick with typhus were to be invalided home brought genuine regret, as with but one exception the nurses wished to remain at their post.

Although the response to the cry for succor from the battlefield of Europe is world-wide, the American Red Cross exemplifies the highest spirit of human Christian work, a spirit of benevolence growing out of a sense of our obligations to humanity. That this spirit is generally recognized, was manifest by the protection and consideration accorded us in the various countries we visited. The Red Cross badge was the only passport needed and not once did we have occasion to show our official passports, nor was our baggage at any time inspected. As members of the American Red Cross we were afforded the pleasure of meeting the Queen of Greece, her Majesty requesting an interview with the supervising nurses. For diplomatic reasons the interview took place at the Children's Hospital, an institution to which Her Majesty gives much of her time. The Queen is greatly interested in the improvement of hospitals in Greece and the establishment of training schools for nurses along American lines, and to that end she has had plans made in Boston for a modern hospital to be erected in Athens in the near future. At the same time she has sent several Greek women to American training schools for nurses to be trained and hopes to send more. Her Majesty hopes ultimately to have a Red Cross Nursing Service in connection with the Red Cross organization of Greece with a system of enrollment similar to that of the American Red Cross.

For the fight against disease which threatens to take at least half of the population of this little Balkan State, Serbia must depend on foreign help. The fifteen southern provinces have been turned over to the missions sent over by the American Red Cross and the Rockefeller foundation. The central part has been turned over to the English, who have a total of three hundred doctors and nurses there. At Belgrade, the American Red Cross units are fighting the grim battle. Owing to the pitiful conditions, even before the war, this foreign help is declared by the various missions to be wholly inadequate. It is so much more help than Serbia has ever had at any time in the past, that she is pinning hopes of her continued existence to it with almost pitiful confidence.

The following paper was read by title only, as the time allotted to the session was limited.

HAS RED CROSS RELIEF WORK IN EUROPE BEEN WORTH WHILE?

BY DOROTHEA MANN

The privilege of going to the European war as a Red Cross nurse! how I wish every one could have had it. Bound at home by conditions of health, occupation and family ties, many who wanted to go could not, but these have given indispensable aid by their toil here in America.

Doubtless the question often comes up as to how much has been accomplished by this work done at home, the endless sewing and knitting and bandage rolling. To those of you who have been thus occupied, let me say you have earned the gratitude of many. Supplies in the war zone are not ample, especially, I believe, linen supplies of every kind. We were always most thankful for the arrival of a box of sheets and gowns. There can be no exaggeration of the comfort and of the necessity of fresh linen where there is so much infection. A certain amount of linen was furnished by the government, but this was inadequate. The knitting also has given much comfort. Many a soldier came in to us from the field with a muffler, abdominal belt and wristlets, all gifts of the Americans, and many another, when leaving us to go back to the field, has worn similar articles taken from our little supply and gladly given him. So this work has had far-reaching results, supplementing needs in hospitals, and furnishing comfort in the trenches, where the exposure to cold and rain is so terrible. Doubtless the mufflers have warded off much pneumonia, and the woolen socks have prevented many frozen feet.

But it is, after all, the effect of our work upon the minds and hearts of the people of Europe that I am most anxious the American women should know about. To some degree, you can see the results of the stitches you have taken, you have your completed garment to testify to an accomplishment, but all over this country, men, women and children have given sums of money varying from a few cents to thousands of dollars for the support of the work the medical profession is doing in the war zone. It is not surprising that these people should desire to know just how much good has been done, just how much the effort and self-sacrifice were worth, just how great was the need for foreign help; in truth, just whether the Red Cross work in Europe has been worth while.

To one in the midst of it, the answer is simple and prompt: Yes.

When the Red Cross ship sailed last fall no one of us knew to just what kind of work she would be assigned, and the service has varied, doubtless, according to the needs of the different countries, but some of its characteristics must be the same for all.

I was located at a base hospital in Gleiwitz, Germany, not far from the Russian border. At one time we received cases three hours after a battle, but more often it was two or three days, the length of time depending upon the position of the army, for we remained fixed. My observations were made from this one point.

First, though not most important, let me mention the effect of the Red Cross expedition on the nursing profession in general. It is, I believe, a recognized fact that the same class of women do not take up this profession in Europe as in America. I mean in times of peace. Now, during the war, to be sure, all the women of Europe are willing to be nurses in order to help. The nursing of most of these untrained women from the higher social ranks frequently calls forth the remark: "This patient is too sick to be nursed." The foreign-trained women are doubtless skillful, and unquestionably they have done much for their country in this crisis, still America has always shown at home that the women who take up nursing are often the best educated and the most refined, and our service abroad has given us the opportunity of showing this to the foreigners.

Secondly, I believe our professional achievements have not been mean. Our doctors have shown peculiar efficiency. Too often one has to lose sight of patients before the case is completely disposed of. This is inevitable on account of the continuous transportation of the men further in, to make room for the newly wounded. In Germany it is true, and I understand it is elsewhere, that the best doctors have gone to the front. One does not wonder at their desire to render their services on the field of action where they feel themselves a part of the army itself, and doubtless their superior judgment and experience do save many lives, but there is a really greater work to be done at the base hospitals. There lie the poor unfortunates whose fate hangs in the balance, not whether they are to live or die, that question being settled more often nearer the firing line. Our statistics at one time showed only fifteen deaths to about twelve hundred cases cared for, and we had charge of the most serious cases which came across the border line. But the fate there determined was how these men were to go through the rest of their lives, whether it was to be with or without an arm or a leg. That is the question our doctors have had to decide and here I feel that very much has been accomplished. More than one case have I seen dressed for weeks and then wired or plated, when the average surgeon

would have amputated. More than one man have I seen come to the hospital marked for amputation, who left with his arm or leg on the road to recovery. It is tedious work, and results come slowly, but it is surely true that a service is worth while which prevents people from going through life maimed and helpless. I do not mean that lives are not being saved, too, only that this was not the best work where I was placed. Out of twelve hundred cases I have seen only four amputated legs, and no arms.

Another result of our work abroad, and is it not perhaps the farthest reaching of all, is that the soldiers with whom we come in contact love us for our work. That love for us is carried to their homes, to their wives and to their children, not love for us as individuals, but love for us as Americans. Their hearts go out to the country that has made our work possible. When they were first brought into the hospital at Gleiwitz on stretchers, often having had neither food nor rest for days, their gaze was a dubious and questioning one, as they heard us talking English to one another. But they soon saw our American flag, and the question they put was, "Is America giving us all this help?" From then on they never seemed to forget the fact that it is America which is helping towards their recovery. Each man did all he could to assist himself and his comrades. Even those who were totally disabled displayed cheerful dispositions. I heard one soldier say that to be cheerful was the least he could do, considering all the Americans were doing for him, and it was the spirit of all. They exerted wonderful control when dressings almost as severe as operations were being done.

We had a number of dressing gowns marked with a little red cross. In no time they were so popular, being from America, that one poor Galician, whose language no one could understand, gesticulated for two days before we realized that it was not merely a clean gown that he wanted, but that it must be an American one.

So soon as there were a handful of men able to be out of bed, they wanted their pictures taken with the American doctors and nurses, and many of them wrote back of their progress after they had left us, always thanking us for the start we gave them.

These are just a few of the trifling details which indicate the spirit that prevails and that spirit, taken home to the family hearth, is certainly not going to breed a spirit of war. It is going to create and spread through the countries a spirit of kindly feeling and gratitude toward America, a spirit making for peace in the world.

The president announced that a meeting of the Advisory Council would be held on Thursday morning, 8.45.

After announcements by the secretary the meeting adjourned.

WEDNESDAY AFTERNOON, JUNE 23

The Wednesday afternoon session was held at the Greek Theatre, Berkeley, a joint session of the three nursing organizations, with the members of the American Hospital Association as guests.

THURSDAY MORNING, JUNE 24

GENERAL SESSION

GENEVIEVE COOKE, *presiding*

INDIAN NURSES AND NURSING INDIANS

By ESTAIENE M. DE PELTQUESTANGUE

For the benefit of you who know little or nothing about the North American Indian except what you have read of him in connection with the early settlement of this continent by Europeans, and who very naturally wonder what conditions can have arisen to convert a then healthy, vigorous people into the sickly, degenerate, dependent masses found on our Indian reservations today, I should like to say just a few words in explanation.

It would take too much time to go into the whys and wherefores leading up to the establishment of the Reservation system; it is sufficient to say that, born of the idea that it would be cheaper and more comfortable for the white immigration to take care of the Indian and at the same time "get rid" of him than to fight him, it was then established, and with its foundation began one of the most effective methods of pauperizing and degenerating a people that the world has ever witnessed.

Imagine, if you can, the result that would inevitably be produced upon segregated masses of untutored people from being fed, and clothed, and lodged, and thought for continually, without any exertion on their own part. Can you wonder that these reservations have become veritable hot-beds of disease? And probably no effort would yet have been made to correct the very natural conditions arising from such a system, had not white civilization, such as it was, in its gradual pushing westward, found itself in imminent danger of contamination through contact. Immediately there arose a clamor from these people for protection, and the public began to awaken to the fact that institutions, under the most capable management possible, were needed in which to isolate the physically and mentally unfit. The persistence of this appeal for help has converted the problem, at least in part, into a white man's

problem, a human problem, and the fact that it has become such will undoubtedly do its share toward saving the Indian people from utter extermination.

Prior to 1908, no particular attention was paid to health conditions among the Indians, except that Congress annually appropriated a small sum for the prevention of the spread of smallpox. During the winter of 1908-1909 a woman (presumably a physician) definitely diagnosed as trachoma the many cases of sore eyes among the Indians. By this time the disease had become so prevalent as to cause considerable alarm among the heads of the Indian Bureau, but through the very prompt action of the Commissioner of Indian Affairs, an immediate appropriation of \$12,000 was granted by Congress for building a trachomatous hospital to give special training to physicians and nurses employed in the United States Indian Service. This marks the beginning of a systematic effort, which is still being vigorously waged, to stamp out infectious diseases in every Indian community.

To give you some definite idea of the prevalence of trachoma among the Indians, I should like to quote from a report put out by Dr. W. H. Harrison of the United States Indian Service. He says in part:

West of the Mississippi River there are almost as many trachoma districts as there are Indian reservations, Indian schools or Indian communities.

An examination of the pupils of a large number of Indian boarding schools, together with a great many thousands of reservation adult Indians in several states, has demonstrated that trachoma exists among these people to such an extent that if it were measles, whooping-cough, scarlet fever or smallpox, its prevalence would be declared epidemic and panic among the people of these districts would prevail. No school in my work was found free from trachoma, and one boarding school in Oklahoma was visited where 88 per cent of the children suffered from the disease.

Think of it!

In another and, I think, later report gotten out by Drs. Harrison and Bell, of the Indian Service, such a good general idea of trachoma and its methods of transmission is given that I think it well worth quoting. These physicians say:

Trachoma is a specific form of conjunctivitis, usually chronic but characterized by acute exacerbations, which it seems are due to some added infection, trauma or irritation.

The true etiology of trachoma is yet in doubt, many investigators contending that a microorganism is the causative agent. It seems to be conveyed by prolonged or rather intimate contact with those suffering from the disease, and where individual washbasins, towels, handkerchiefs, beds, bedding, etc., are not in constant use. . . . Flies must also be regarded as carriers of trachomatous infection.

They also say:

There has grown up, in the Service and with some citizens closely associated with Indians, the erroneous idea that a large part of the eye afflictions are due to syphilis, or some other venereal disease. This is a mistake, as syphilis is very rarely found among Indians.

One other disease even more deadly in its onslaught among reservation Indians than trachoma, is tuberculosis. The mortality from this cause alone for the fiscal year ending June, 1914, was 31.83 per cent of the total death rate, or more than double that of Caucasians born in this country. The alarming number of deaths from this scourge is causing no little anxiety to people who are interested in the Indians and every combative method known to modern science is being employed to stamp it out.

Health conditions in the schools are being given a great deal of consideration, and an effort is being made to have the children live in the most hygienic environment possible. The importance of cleanliness, fresh air and sunshine, nourishing food at regular intervals, well ventilated sleeping rooms, suitable clothing, regularity of habits, the use of separate towels, drinking cups, etc., are all being given attention. This is all very well and as it should be, but it only grazes the surface of things.

To strike at the root of the trouble, as it exists, the problem will have to be taken up in the homes and fought vigorously. Tuberculosis is essentially a house-bred disease, one with which the Indian in his former transitory, out-of-doors mode of living, did not have to contend and one with which, in his new environment, he has not learned to cope.

When you realize that the average Indian home of the present time is an overcrowded, poorly lighted, poorly ventilated, one or two-room house, and that very often in these diminutive homes large families of careless, ignorant, sick and well people live in the closest contact possible, you can readily understand the need of hospitals and camps for isolating those who have already become infected and the need of a sufficient number of adequately-trained field nurses to teach the still physically sound how to combat the disease.

I cannot tell you the exact number of nurses employed in the Indian Service at this time, but when I read from good authority that in Montana one physician is employed to look after the health of an entire tribe, numbering not less than 1,700 souls, scattered over a half million acres of land, and that the Cherokees of North Carolina, numbering 2,000 persons and scattered over 60,000 acres of mountainous country, have but one physician, I feel pretty sure that the number of nurses in the field is woefully insufficient.

One of my friends, a woman of unusual intelligence, to whom I appealed for her observations regarding nursing conditions on the reservation of which she is a member, wrote me a letter which seemed to apply pretty well to reservations in general. The following is a part of her contribution:

I could write volumes on nursing work that ought to be done for the Indians of this reservation, but I don't know much about any that has been done, except the sporadic kind that is done by field matrons, school matrons and missionaries.

The greatest lack that I personally know of, on the two reservations where I have lived, is that of competent nursing. The main difficulties in the way of a nurse's work on the usual western reservation are dirt, medicine men, superstition, remoteness of camps from the agencies, etc.

Health in the camps and the cause of the deaths on a reservation are subjects that are hardly supervised at all. Babies come and babies disappear and no questions are asked. Young mothers die in childbirth because some old grandmother prefers her way to anyone's else. Doctors' orders are disregarded with no one held responsible. Diseases, especially the serious contagious kinds, are hidden from the knowledge of authorities until too late, etc.

Many of the conditions described are so identically like those with which the ordinary social settlement worker has to contend, that one could almost smile over the comparisons, if the whole thing were not such a tragedy. But when one stops to think that there are not enough Indians in the whole of the United States to make half the city of Cleveland, Ohio, and much less than half as many as there are ignorant, foreign emigrants admitted to our shores yearly, it seems incredible that in a country of intelligent, so-called Christian people, this handful of aborigines could have been forced into so tangled a mesh of red tape as to create a problem that has thus far baffled solution.

Now just a few words about nurses of Indian blood. At present there are seven of these women in the employ of the United States government. I am told that they are all graduates of recognized training schools and doing efficient work. One can readily understand that if they are well educated, well trained, and possessed of sufficient courage, persistence and devotion to duty and race, our Indian women ought to be a strong factor in the reservation nursing service, for they not only have the advantage of knowing at first hand how their people feel, and think, and live, but they have no mistrust to overcome.

The Indian private duty nurses are many more in number and, while very little seems to be known of them, representatives are to be found in almost every large city, working shoulder to shoulder with the nurses of other races. Many of our women have fought their way to success in this particular branch of endeavor under the most trying circumstances, and the only reason I can attribute for more not being

known of them is that thus far none of our women of superior education, have been attracted to the nursing profession. I am sorry to have to admit this, but it is true. I believe that the majority of Indian nurses are orderly, painstaking, capable, conscientious women, however; and I am sure that in a quiet way they are doing their part to hasten the time when our people, all over this country, shall enter into and emerge from, the public school, the great melting-pot of our mixed population, not as "poor imitations" of white men, as is so often said, nor as particular kinds of Indians, but as good, loyal, intelligent American citizens.

I have previously mentioned the earnest effort that is being put forth by the government and our friends for the betterment of the Indian people generally, and I have no doubt but that all this exertion on the part of others will do something to improve the race in the next generation; but I am firmly convinced that nothing like satisfactory results will ever be obtained until the Indians themselves are thoroughly impressed with the seriousness of their own problem, for it is and ever will be a problem, characterized by ignorance, degeneracy, disease and death, as long as the Indians are forcibly confined within fixed limits, away from material contact with civilization, and clothed, and fed, and thought for and pauperized generally.

The salvation of any people must come from within, and until they have been taught and firmly grasp the idea of responsibility, responsibility not only to themselves but to the communities in which they live, and to the country at large; until they appreciate the fact that the country owes no physically and mentally sound man anything more than the chance to *earn* a living, the combined efforts of physicians, nurses, field-matrons, and the countless other employees of the Service, will be of little avail. Responsibility is the key to the situation; and by responsibility I mean "the ability to meet the requirements that morality, civilization and humanity, demand of man; the ability to protect self, to support self, to contribute to progress; the ability to help those who depend upon you; the ability to make the world need you."

What the Indian Service needs in every department today is the influence of people who realize the importance not of thinking for the Indian, but of making him think for himself; not in doing for him, but in teaching him to do for himself. We need people of personality, tact, and unquestionable integrity; we need men and women of the wide-awake, helpful type, to whom religion means something infinitely above creed; we need men and women who have the courage of their convictions, wisdom that begets trust, and the ability to generate enthusiasm; we need people who can revive the old fighting spirit and direct it into useful channels.

Particularly should nurses who choose work in Indian fields be women of unusual capabilities, and actuated only by the highest motives. In addition to the many virtues and accomplishments with which other employees in this great social uplift should be endowed, the nurse should have limitless patience and a broad charity for the weaknesses of her fellowman; for, as is the case in all forms of welfare work, she will find every disease born of unfit social conditions. No doubt both her faith and charity will be strained to the breaking point times without number, but she will have to glean her reward, at least in part, from the knowledge that she is helping to reclaim a people who have become pauperized and diseased through a social system that has been forced upon them, and that no people, regardless of race, who were clothed and fed, and thought for continually, could long keep either their health, ambition or self-respect.

There is another and pleasant side to reservation nursing, however; for apart from the satisfaction one gets from trying to better the lot of another, she is sure to find agreeable friends and associates in other branches of the Service who, like herself, are striving for the general uplift of mankind. Then, too, she will find that, instead of the savage, blood-thirsty creature that the newspapers paint, the Indian is most amenable to reason and kindly disposed when once you win his confidence. She will learn that not all reservation Indians are savages and that not all savages are confined on Indian reservations, as is at present being demonstrated by the so-called "highly civilized" powers of Europe.

I fully realize that it is a long step from our present reservation system to citizenship in its highest sense and yet I feel that if our Indian boys and girls, whose lives are all before them, can once be gotten to catch up the glorious inspirations of this country and age in which they are living, and then be allowed to develop their powers to the highest degree possible through contact with the varied working forces of this greatest of republics, with a share in its duties, and at least a foreigner's chance to use its opportunities, there will be no Indian problem, for the Indian will himself take care of the conditions that today make him diseased and dependent.

In conclusion let me beg of you to use your influence, however small, to rid the Indian of his present thralldom and make him a part of the nation. In striving toward this end you may fall short of your aims, or even fail absolutely, but there still remains the satisfaction of knowing that no honest, earnest effort to accomplish a worthy purpose is ever quite lost.

MISS PARSONS: It seems to me that the widest publicity should be given to that paper, and I would like to move that a number of reprints be made and that they be distributed over the country very thoroughly, not only among nurses' organizations but women's clubs.

The motion was carried.

SOME POINTS ON ORGANIZATION

By ANNETTE ALISON, R.N.

An honor indeed has been granted the west, since she has been requested to furnish a paper on this important subject, for in our state a short decade tells the story of our efforts, and it needs must be that my ideas shall deal rather with points which we hope to see accomplished than with anything we have brought to pass. Our problems are identical. Hence with proverbial western spirit we are going to rise in our might and endeavor to solve the questions which are disturbing us, and also the nursing profession throughout the world. In order to get our bearings we will go back to definitions.

An organization is a number of people of like calling banded together for mutual good, and it is valuable to them and to the world in exact proportion to the service it renders. It is the one stable condition which is to solve the problems of mankind, and as a part of the body politic, graduate nurses have come to realize that in organization only, lies their salvation.

The most important point in accomplishing this is to place and keep before our Association the facts which brought them into existence, namely; to establish and maintain cordial coöperation of graduate nurses; to endeavor to obtain broader and higher education of the women entering the nursing profession and thereby better service to the public.

This was the promise held out to the members and in so far as we have kept to that promise we have succeeded, as is borne out by the splendid women in our ranks and the stand taken by them on important issues. That we have also wandered far afield is evidenced by the unrest, the indifference so manifest in our local gatherings, and in our lack of power to control these conditions.

As our national organization is but the united force of the state and county associations, so our county association is but the united force of the nurses within its borders, and of all these the private nurse is the most important, for it is she who spreads the gospel of our mission, who determines our standard, who sways the power, and in just the proportion that we enlist her sympathy and support, we shall succeed. It

would therefore be wisdom on our part to seek a more tangible plan to reach our nurses, a more practical method of holding them, realizing that our highest ideals can only effect our great body when it has been permeated by them through our loyal service to the individual nurse. Our organization is not a political arena nor yet a social ladder for the ambitiously inclined and we must in no sense allow ourselves to be exploited as such. Our organization is the largest body of professional women in the civilized world, our work the greatest gift to mankind, our strength but imperfectly computed, our mission but beginning to know its worth. We place no limit to our task; where the bugle blows, there we are ready; where famine and destruction stalk, there we serve; our watchword, loyalty; our banner, the red cross of service. What a noble heritage is ours, what a privilege to pass it on. The bulwarks of our organization are securely laid in the timbre of which they are constructed, disciplined womanhood. Much is provided us, much is expected of us. I doubt if any other body of women has the basic advantages which are ours. It behooves us therefore to look well to the superstructure we are building, and to skill ourselves to diplomatically handle the questions which will continue to arise in the ranks of the graduate nurse; we must stand in solid array for the rights of the student nurses. When we grasp the importance of our great mission and apply it to the work of our local associations, we are on the way to the solution of our problems.

We have two points to work from, our association and our official registry, which should furnish the educational, the social and the working strength of our organization. Of these two factors, our registry is of the greater importance, for it is at this point the question is to be settled as to our efficiency to handle the work for which we are trained. Influence must be brought to bear upon the nurses in our field and the student bodies of our hospitals, that here is the threshing floor, here they must meet the requirements and abide by them. When we are recognized as the power which furnishes the work, we will have no trouble in securing all local nurses on our membership roll, and our registry privileges should be restricted to the members of our association. We should most decidedly open our lists to all registered nurses. This step augmented by the fact that each state in turn is to work for compulsory registration will eventually place the work in the right hands. Meanwhile it rests with the separate associations to take the initial step in this program by securing the good will of the local medical and hospital associations. These three bodies in every state should work in perfect harmony, our questions are the same, and when we cooperate we shall render to the public what is expected of us, service.

We must have the confidence that the nurse who enters a doctor's office or that of a hospital seeking employment, shall be directed to our official registry, with the kindly assurance that we are the custodians of that part of the work. We must insist that the fact shall be held before the student nurse that here she shall come first, paying her loyal respect to the body of which she may become a member by virtue of graduation, and that no greater dignity can befall her than to enter the ranks of her local association. We must have an effort made to meet the question why the work which should rightly come to us is turned into other places and other hands. Not that we deny the occasional necessity, but we would seek to bind, that occasion and that necessity, leaving all other fields to fair play and justice to the graduate nurse.

Our official registry is the pivot therefore on which revolves the worth of our organization to the community, and should be the object of our greatest solicitude. What is the use of maintaining an official registry when it handles perhaps 1 per cent of the local calls, and furnishes strangers to fill them? What is the use in posing as an incorporated body when we represent but the minimum force of the nurses in our midst, when 90 per cent of our local graduates politely scorn our existence?

These are the questions which should rest heavily upon our associations, the problems which when solved shall prove what organization means. We cannot get around them, they are the canker which has laid hold upon us and which must be destroyed.

I have placed the chief burden of our responsibility upon the power of our registry, but second only stands the part the association is to play, which power is naturally demonstrated at our local gatherings. These from an educational and social standpoint should anticipate our desires in this line and prove the most interesting day in the month to the members. Here should preside the officers who have the confidence and the interest of the members at heart; here should be found the committee which can understandingly handle any question of importance presented by its members. Here should be found less of parliamentary law and more of the law of human kindness. To provide additional interest, could we not have a national form of initiation, something simple, dignified, beautiful, incorporating a pledge of loyalty to our cause? A touch of ceremony is very dear to the average heart and would enhance the honor of membership to no small degree.

The securing of speakers is always a question, and as they generally choose their own subjects, we seldom hear anything about the field which is ours outside of actual nursing. We are shamefully in ignorance of the movements being inaugurated in our great national body,

and we would do well to set aside certain dates for the consideration of these subjects. Could we not have a national committee whose duty it would be to arrange a program covering at least half of our meetings, touching on subjects under way in our national organization, this program to be issued yearly through the medium of our journals, thus bringing before all associations the subject on the same date? This would invite study and competition in the way of discussion and papers.

A point of great importance to the association would be the establishment of a law that the elective offices should all be subject to more general occupancy by the members at large. It is hardly fair to thrust our official duties upon the same people year after year, however obliging they may be in assuming them. I believe it would meet with a vast majority of the general vote that we incorporate in our constitution that no honorary officer shall serve more than two years, and shall then be declared ineligible for five years. This would distribute honors fairly and would develop leaders all along the years.

Great care should be taken not to allow graduates of one hospital to control a board of directors. In all associations there are splendid women from local schools, as well as from other fields, and all as far as possible should be represented, thus promoting the sentiment of fair play.

Would not the question of life-membership be a saving proposition to our associations? This would insure interest, attendance and funds. How many members who meet with us today will be on our rolls five, ten or twenty years hence? yet a life-membership would settle the question for all time.

In these progressive times, with the several branches of our national body already established, let us have one more, the largest and most necessary, the private duty nurse league, if you please, and give her power to manipulate her affairs. Let there be the session free from the influence of hospital boards and the medical fraternity. Only thus will she rise to her proper dignity.

Now I will appeal to the common justice of this body of graduate nurses on another point. What are we doing for our male nurses? Have we any right to make plans without considering their welfare? They were trained to handle a certain part of the general work and it belongs to them. Let us draw the line at the right place, and accord our male nurses the consideration which is their due. Why should not the male nurses be represented at this convention? We are selfish indeed.

Lastly let us raise our standard of good will. Let us seek out the members of our ranks who are working for its uplift only and always.

Let us provide for them a guard of honor, let us give them our unwavering loyalty. If I have happily touched upon points of interest to the rank and file, or have offered even one suggestion to light us on our way, I am your debtor.

A discussion of the two papers followed.

MISS OTT: I want to ask if this Indian Service work is voluntary or by civil service examination?

THE PRESIDENT: Applicants have to take a civil service examination.

MISS ELDREDGE: I would like to ask the speaker if there is a great demand and a great opening at the present time for nurses in the Indian work?

MISS DePeltquestangue replied that she was unable to give exact information as to the number of nurses employed by the Government or of the number needed.

MISS MUMM (Chicago): Is it possible that the inadequate number of nurses in the Indian service is due to the fact that there are not enough to supply the fields there are? I was in a reservation a year ago last winter in Wyoming where there was not a nurse in the whole reservation. I believe a position was opened later, although I am not sure of it.

MISS DePELTQUESTANGE: That is so in a good many places.

MISS MUMM: And there was only one doctor for the whole Reservation, with an immense distance to cover. I don't think there was anyone to fill that field. They did have a hospital in the neighborhood but it was not adequate for the Indians.

MISS ELDREDGE: I wonder if it would be possible for this association to write an appeal to the Indian Service, calling attention to the tremendous waste of life through the lack of nursing service supply. I don't know whether that is advisable at this time or not.

MISS DePELTQUESTANGE: I don't know, but if any of you wish for information on the subject, it can be easily obtained by writing to the Department of the Interior, to the Indian Department at Washington.

Later Miss Eldredge made a motion, which was carried, that the Board of Directors be instructed to find out whether an appeal would have any effect and, if so, to present an appeal from the Association for a better nursing supply for the Indians.

Mrs. Allison's paper was then discussed.

MISS STEVENSON: I understood Mrs. Allison to say that there might be advantages in having some general form of initiation or pledge of entry in our organizations. I understand the articles of incorporation of the National include a code of ethics and I wondered if such a code as has been formulated has ever been reduced to definite terms on paper, because, if we have such a code, the endorsement of that would seem to cover the point.

THE PRESIDENT: So far as the president knows, we have nothing in print. I recall in Miss Dock's and Miss Nutting's History of Nursing, when they were

planning a code of ethics, they consulted one of the eminent surgeons who told what difficulty the medical profession has had in fights over its code of ethics. Finally he said, "Be good women." Now we have in our minds and souls a code of ethics, but so far as your president is aware, the American Nurses' Association has nothing in print, though several alumnae organizations have their codes in print.

MISS RUTLEY: I would like to suggest, in regard to Mrs. Alison's comments on increased membership in the organization, that every nurse constitute herself a committee of one, to bring in one nurse during the year so that next year instead of having a representation of thirty thousand nurses, we may represent sixty thousand nurses.

THE SECRETARY PRO TEM: These recommendations might be selected from the papers as soon as we have time to go through them, and made as a recommendation coming from the Board of Directors next year. That may be a long time to wait but still if you did wait, these recommendations would be selected and considered by the Board of Directors and presented later.

THE PRESIDENT: Yes, that can be done so that we may, next year, get the value of some of the points which Mrs. Alison has given us.

MISS WALKER (Cleveland): There is another suggestion in regard to enlarging our membership. I think perhaps, from the day the nurse enters the training school, she ought to be taught that until she leaves.

THE PRESIDENT: We all agree with that. Is there any further discussion on this paper?

MISS WOOD (Peoria, Ill.): I would suggest that these recommendations be put in the AMERICAN JOURNAL OF NURSING and then we can be working to that end. Otherwise we will still stand, perhaps, at thirty thousand in our report for next year. Every nurse should take the AMERICAN JOURNAL OF NURSING or its equivalent and I don't know whether there is an equivalent to the AMERICAN JOURNAL OF NURSING.

THE SECRETARY PRO TEM: If everyone takes the AMERICAN JOURNAL OF NURSING, and reads the number in which this paper will appear and gets these recommendations, they can take some action and follow them out, whether they come from the Board or not.

A DELEGATE: I have been impressed by the reference to, and the more pronounced evidence of the private nurse. While we cannot multiply our organization, it seems to me if some suggestion were made to the individual alumnae associations, they might make a department in their associations in which the private nurse might figure very prominently and we would accomplish what we are aiming for.

Miss Mumm asked about the representation of male nurses and the secretary replied that a number of organizations belonging to the American Nurses' Association have male nurses among their members and that they are, therefore, represented.

THE FUTURE OF THE CENTRAL REGISTRY

By ELIZABETH C. BURGESS, R.N.

This short paper is written that those who hear it may ask themselves, and carry back to their alumnae associations, this question: "What is the future of the central registry to be?"

The central registry for nurses is now established in many cities. To establish such has been one of the aims of the different organized nurses' associations. Now we have come to ask ourselves whether or not these registries are successful, and if they are not, what is the reason?

Perhaps a few questions will help: 1. What place has it made for itself in the community? 2. Do the prominent physicians use it? 3. Is it registering the nurses from the large schools? 4. Do the hospitals and alumnae associations continue their own registries? 5. Is it having any effect on the commercial registry? 6. Is it elevating the standard of nursing? 7. What efforts are being made to broaden its usefulness? 8. Does it provide for all types of patients? 9. Is it furnishing nurses for institutional work, for public health work, hourly nursing and for nursing those of moderate means? 10. Is it controlling the attendant? 11. Is it supported by the individual nurse?

Some of these questions may be answered, I believe, for all centers.

No. 2. Do the prominent physicians use it? Yes, if they are unable to obtain a nurse from their usual calling place, the hospital registry. No. 3. Is it registering the nurses from the large schools? A few only. No. 4. Do the hospitals and alumnae associations continue their own registries? When these registries have been established long before the central registry, in almost all instances they are continued. No. 6. Is it elevating the standard of nursing? It is compelling those who register to be registered nurses in the state.

In cities where the hospital and alumnae registry have been long established the central registry is not getting the support it should have. Individual nurses, being successful, are very careless of the success of others, and therefore the good of the whole. A sort of chasm seems to separate the professional interests of Hospital A and Hospital B and it is difficult to bridge it over. Many nurses have come to feel that just because they are graduates of Hospital A and because that school has a clientele of physicians who have come to believe, along with them, that no one can care for his patient but a graduate of Hospital A, that they can get "a case" whenever they want it, and so they answer the calls in this spirit. These nurses possibly would oppose the central registry because it would bring them into competition with too many and would

merge their school in the greater ranks of registered nurses. This is probably an objection in the minds of some, if not so expressed, even to themselves. We have against it the enlarged opportunities, the stimulus of numbers, and competition, which would present itself to every nurse or association who became an integral part of the central registry.

An incident came to my attention a short time ago such as I presume many have met. A young woman who had been taking a post-graduate course of six months at the school of which I am superintendent, gave her address on leaving as that of a small hospital, where she had obtained a position. I asked her how she had obtained the position and she told me she had registered for institutional work at a certain commercial registry. She is a woman of moderate ability, yet will probably fill the particular position well. I remarked later, it was too bad that such nurses should go to a commercial registry but, on second thought, I reflected that in all probability she would be still searching for a position if she had left it to the school to find it for her or had even registered at the central registry. In other words, the small hospitals go to the commercial registry for assistance.

Without a doubt the success or failure of our central registries lie in the hands of the nurses. It should have the unqualified support of the hospitals both large and small, of the superintendents of nurses, of the alumnae associations, and of the individual nurse. In most instances the various alumnae associations who go to make up the county, district, or other nursing group have voted and have been instrumental in the starting of the registry. They then leave it entirely alone, dependent on the work of a few women, the committee members, who work hard to support it. It meets the need of the out-of-town graduate, it registers the graduates of the small school in town; the hospitals send it occasional calls when their own lists are exhausted; it pays expenses and there is stops.

I can foresee two futures for the central registry, one a hard-working registry doing for the out-of-town graduate and a few others what the school registry does for its own, and so simply adding one more to the many registries in existence; or a registry which is a factor in the community; supplying nurses of all schools to rich and poor; helping to create uniform standards and wipe out class distinction; supplying nurses for institutional or public health nursing; a registry through which the problem of nursing those of moderate means has been met; which is controlling the attendant and wiping out the commercial registry.

Of these two futures, which shall it be? Will you take the question home, make it a subject not only for discussion in the alumnae asso-

ciation but for action? We so frequently talk of these things and do nothing.

Mrs. O'NEAL: I think possibly one of the reasons why we have these difficulties in regard to central directories is that we have not succeeded in reaching the place where we have a combination of a comfortable club and a home and the business directory. I think when we can reach that point we would have a great deal better results. I think in any city or town they can afford to keep one good big registry rather than so many small ones.

Miss AHRENS (Chicago): I feel that we owe largely the success of the directory, which was started such a short time ago to a number of the large schools in our city. The first school that was ready to turn over its directory was the Illinois Training School, then the Presbyterian, next the Augustana and then the Hahnemann, and a number of the smaller hospitals also. We are not discouraged because two or three of our larger ones have not come in, because we believe they will. The point Miss Burgess made on the question of nurses' alumnae associations feeling they were losing their identity and feeling they were not ready to come into competition with other schools, I believe has much to do with it, and I believe is the reason why many of our larger schools have not come in.

The point that the last member made regarding club houses is I am sure, the first step. Our directory is a combination with the club house. We have not as yet accommodations for many, but we hope to have in the very near future. We have now a house that accommodates twenty, but at the end of three years we will have a place that must accommodate at least one hundred or one hundred and fifty women; and in that building there must be offices and all sorts of conveniences for nurses and for their organizations. We must bring our organizations together. That has happened in our present situation. Our alumnae associations are holding their alumnae meetings in the club house. Committees are holding their committee meetings there. The state association makes its headquarters there, and we are bringing everything that is possible to bring under the one roof; and that, we claim, is the secret of success.

Now, in Chicago the members say that they are afraid to invite anyone to their own home when a guest comes from out of town, "because Miss Ahrens will find fault that they have not been entertained and invited to the Club;" and that is exactly the stand we must take. If women come there from different sections of the country, they must come to our Club. We must entertain them there. We must have the nurses meet them, and give them an opportunity to know what we are doing.

The question of the physicians using the directory, is entirely in the hands of the nurses themselves, in the hands of the alumnae associations. Take the Presbyterian Hospital, where you have to cater to a large number of our physicians, I think today probably some of them still are calling the Presbyterian Hospital when they want a nurse. At the beginning, those in the office called up the directory and secured the nurse for the doctor. Today they are saying "If you will get such and such a number, I am sure they can furnish you a nurse;" and they are gradually taking the opportunity of using the directory. There is no question but that this sort of organizing and getting together will result in a broader usefulness in every direction and in every department of nursing, whether it is institutional, public health or private duty. It is really remarkable how many

public health nurses have been placed through our directory; quite as many institutional positions have been filled.

Now, as to the commercial directory, the only way we are going to get rid of it is by doing this thing ourselves; when we, as nurses, realize the way we are being imposed upon by commercial directories. We certainly have a big piece of work before us. A young woman came into the office of our directory a short time ago and wished to register. She was from out of town, she had been in Chicago nine months and had been registering at one of the large commercial directories. I said, "Why did you go there?" She said, "I knew of no other place to go to and someone told me that was where I could get work." I said, "Tell me what you have been paying." She said, "I paid \$2.50 as registration fee, and then a percentage upon my earnings and that percentage was 10 per cent." I said, "10 per cent of the amount which you received through this directory, or did you pay 10 per cent on all cases received from other channels?" She said, "10 per cent of all my earnings, whether received through the directory or not, and in nine months I have paid a little over one hundred dollars to this directory." Now, I think it is time that we, as nurses should come to the front and do this thing and do it well. The commercial directories in Chicago are already beginning to feel the work that we are doing, and are spending considerable money in advertising and that is what we must do. The point was brought our yesterday when this question came up that it is necessary for us to give publicity to the question of what we can do and when and where and how well we are doing it.

THE PRESIDENT: Certainly one of the very best ways of advertising the central registry is to throw open the doors to the stranger nurse passing through who may come from any section of the state.

MISS WALKER (Cleveland): At one of our Board meetings in Cleveland the superintendent of one hospital said, "What can we do to help nurses who have come from undesirable schools?" We immediately established the plan that when they go to the superintendents of the larger hospitals they shall refer these girls to the club house where they can get all the information about schools that they want.

MISS ELDRIDGE: The book on Accredited Schools issued by the Central Committee on Legislation and Information is a most valuable book of information. It tells what hospitals are registered, the course of training, etc., in the different states. Every nurse and every directory and every training school should have a copy of this for their assistance.

THE PRESIDENT: I am glad Miss Eldredge has mentioned this, because this pamphlet to which she refers is the first publication of the sort gotten out by the American Nurses' Association. At intervals we hope to get out such a publication for the purpose of making the changes that occur during the year, so at regular intervals there will appear a fresh edition.

A discussion followed on what constitutes the difference between a commercial and a professional registry, one question being whether a directory conducted by physicians for their own convenience, fees being used for a medical library, should be classed as commercial. It was the consensus of opinion of a member of speakers that the difference between a commercial and a professional registry could be summed up as follows: A commercial registry is one established and

conducted by an individual, man or woman, trained or untrained as a nurse, a druggist, a correspondence school, an organization of physicians, or a hospital, as a means of making money, the proceeds from fees etc., reverting exclusively to such individual or organization, where both trained and untrained nurses may be registered on an equal footing, and where a good professional and moral status is not insisted upon. A professional directory is one conducted by an organization of nurses for the convenience and protection of the public and of the medical profession, as a means of securing employment for nurses of recognized schools only, for the upholding and advancement of nursing ethics and standards, where every nurse registered has been thoroughly investigated as to her moral and professional qualifications, and where the fees so obtained, when in excess of the necessary cost of conducting such a registry, are used by the association for the development of the undertaking. School registries, conducted by alumnae associations for the graduates of one school, and central registries, governed by some central body of nurses, preferably a county or city association, seem to be the only ones that may be classed under the head of professional registries and the preference of the speakers was for the central directory.

Miss Giberson moved that the Board of Directors should consider sending a letter to the different hospital superintendents asking them to cooperate with the central directories. Carried.

Miss Ahrens moved that a similar letter be sent to the alumnae associations. Carried.

Miss Montgomery moved that these recommendations be placed before the Board of Directors for consideration. Carried.

After several announcements, the meeting was adjourned.

THURSDAY AFTERNOON, JUNE 24

SESSION ON LEGISLATION

JOINT MEETING OF THE AMERICAN NURSES' ASSOCIATION AND THE
NATIONAL LEAGUE OF NURSING EDUCATION

ANNA C. JAMME, *Chairman*

All representatives of boards of examiners were invited to the platform.

THE CHAIRMAN: The Program Committee which arranged for this special session on legislation sent out a circular letter to every board of examiners in the country, specifying definitely what topics would be discussed in order that the

different representatives might be prepared for the discussions and might have their ideas in concrete form before they were brought up on the floor. This was the outline that was sent out:

Proposed subjects for discussion at the Section on Legislation.

1. (a) Administration of the laws by a board of nurses versus (b) Administration by a medical board; (c) Administration by state board of health; (d) Administration by regents of a university. 2. Headquarters of administration. Location, office, equipment, system of filing, assistants, clerks, etc. 3. Basis of reciprocity. 4. Setting of examination questions. 5. General legislation pertaining to nurses and nursing. 6. Open discussion on subjects introduced by members. When this was submitted to the Program Committee it was feared that it was too extensive to bring up at a short session which could only cover about two hours, so it was requested that we have two sessions. We have already had one session, as you noticed by your program, and took up topic number two, "Headquarters of Administration" and topic number four, "Setting of examination questions." That brings us now to the topics that are left over. It is now fourteen years since registration in the United States was born. As we know, it was born at our International meeting held in Buffalo, the only one that has been held in this country. Now that forty-two states have registration laws on their statute books, it seems a fitting time for us to consider the machinery that is operating our laws and to ask ourselves: "Has our machinery the constructive force that we had thought it was going to have? Have we realized our aims and our expectations in obtaining registration? We know what an education registration has been to us. We know the heartbreaks that it has brought to us; we know what it means to be measured by a legislator and by a legislature. We have been able to see ourselves in the eyes of the legislature in a way that is often not very complimentary to us. We all know the scalding tears and the bitter disappointments we have had in this fight for our registration, for our local status; and now I think it is a fitting time, after fourteen years of hard work, to quietly sit down and think over what we have, whether it is giving us the constructive upbuilding that we want. No doubt there is hardly a state but feels that its registration law could be improved upon.

ADMINISTRATION OF REGISTRATION LAWS BY A BOARD OF NURSES

By JANE V. DOYLE, R.N.

Given the proper personality and qualifications, it would seem that an examination board composed of nurses would be the most satisfactory to the nursing profession. No other profession would admit, for an instant, the need to call on outsiders to administer its law, nor would it indeed submit to such an arrangement. It is reasonable to suppose that women who have been through hospital training and have had the difficulties and shortcomings to meet in their daily lives, might best understand how to go about improving the existing conditions and to coöperate with the superintendents of training schools in safeguarding the health and conduct of nurses while being trained. This phase

of the work of registration may not seem important in sections of the country where the training of nurses is more nearly ideal, but is very much so in less favored places.

Speaking specifically of the Oregon law, which is administered by a board of three nurses, it is doubtful whether any others but nurses would have had the patience and perseverance to work out the plan of construction and helpfulness that has been necessary, and without antagonizing or creating unnecessary hardship for institutions that were honestly striving to raise their standard.

It has been pioneer work in training schools which, in some respects, have not advanced far beyond their own pioneer methods, yet something has been accomplished in the fact that a general awakening has taken place to the necessity for improvement, with a complete change for the better in some instances and a gradual change in others.

Members of a state board of health serve without remuneration and are in active practice and by confession of one of their own members, they find so many inadequate health ordinances and these so difficult to enforce, that they are discouraged and do as little as possible. How then can we expect them to administer the law for another profession, even so closely allied?

The point has been raised that boards of health, regents or medical men, lend dignity to a registration board, through their advantages of equipment and experience. This, to me, is a confession of weakness on our part which I am not willing to admit. The ideal administration of a nurse registration law will be a board of nurses. First: Nurses alone will give the time, thought and sympathy necessary to constructive work. Second: We have the material to administer our own laws and whatever the failures and shortcomings, we will meet the demands upon us. As Lowell says:

New occasions teach new duties,
Time makes ancient good uncouth.

After all, why should others administer the law that only nurses have worked for? The law was conceived by women, themselves nurses, who were and are the educators of nurses, out of the realization that the profession of trained nursing with its rapid and extended growth, had already reached the place where a decided course of standardization must be made. The registration and examination of nurses surely means more to us than the conducting of examinations and issuing of certificates of registration and who could possibly have the welfare of our work at heart more than we? Why turn this work over to another form of administration and allow it to become, in time, subject to the mere routine work of a bureau?

THE CHAIRMAN: The second topic is Administration by a Medical Board. Louisiana has a board of physicians whose names are proposed to the Governor, so that the nurses nominate for their board. In Louisiana, I understand, a woman is not allowed to hold a state position and for that reason the law is administered by physicians. I will read a letter from Louisiana which says in part: "The objections to a medical board are the lack of interest and unwillingness to work, also the lack of familiarity with the knowledge that a competent nurse really must have. In this state the members of the Board are appointed by the Governor on the selection of the State Nurses' Association, which means that this organization is directly responsible for the personnel of the Board. The only advantage that a complete medical board has is that it is perhaps further removed from nursing politics." That is all the material we were able to gather in regard to Administration by a Medical Board.

Our next topic is Administration by State Board of Health. Miss Johnson of Iowa was to have presented that paper. In her absence I may say, for the state of California, that we are under a State Board of Health. Viewing the inauguration of the work of registration from our headquarters at the Capitol, it would seem to me that the administration by the State Board of Health was of great advantage. The organization of the work in California is peculiar. It is different in this: That the organization of the State Board of Health is different from the organization of other state boards of health. It consists of seven bureaus, each in charge of a director. The bureau of Registration of Nurses is in charge of a director who is a registered nurse. Each director is responsible for the conduct of the bureau. The policy of the California State Board of Health has been one of assistance and sympathetic interest and, as a body outside of so-called politics or medical politics, it is free to act very independently and the nurses of the state have been protected by the force of the machinery of the State Board of Health.

In speaking of an administration under such machinery, I can only voice my earnest and heartfelt enthusiasm for the work as it has been developed in California.

ADMINISTRATION OF REGISTRATION LAWS BY REGENTS OF A UNIVERSITY

By NANCY E. CADMUS, R.N.

New York is the only state which operates its registration laws upon this plan. This state will therefore furnish the data for the following paper.

University: The University of the State of New York was incorporated in 1784; the Department of Education was organized in 1854, and the unification of the two was secured in 1904. The personnel of the University includes the Regents, a body of twelve men; the President of the University, who is also Commissioner of Education; three Assistant Commissioners; Director of State and Science Museum; and thirteen Chiefs of Divisions.

Regents: The scope of the duties of the Regents is that of "Custodians of Education," and in this body is vested the power of incor-

poration and registration. Incorporation by the Regents is defined as "the granting of corporate powers to an institution engaged in educational work, the evidence of which is the charter." Registration under the Regents is defined as "the formal act of the Regents recognizing that an institution is meeting the requirements of the act of incorporation, also those of the Regents which are attested by the certificate of registration and the annual announcement in the handbook.

Origin of Plan: As far back as November 1899, Sophia F. Palmer read the following paper before the New York Federation of Women's Clubs:

I wish to devote the little time allowed to me to the consideration of a subject which I believe to be of great importance to all people in this state who are interested in nursing matters. The idea is not original, but what I shall say is with special reference to the nursing requirements and the educational laws of the state of New York. The greatest need in the nursing profession today is the passage of a law that shall place training schools for nurses under the supervision of the University of the State of New York. The difficulties under which we labor are these: there are a great number of small hospitals, special private hospitals, and sanitariums, that use a training school as the cheapest form of service for their patients. There is no way for the public to discriminate between a diploma issued by one of these schools, and the diploma of a school connected with an incorporated general hospital, giving a full term of instruction in all branches of nursing.

A woman whose experience is confined to one branch of nursing is not a trained nurse in the fullest sense of the term, yet the profession is flooded with such women who are thrown upon the public as competent nurses. Such a law would reach another type of woman, the discharged pupil or, as she is known in the profession, the rejected probationer, the woman who, for cause, physical or moral, has been dropped from a training school, but who continues to wear the uniform since there is no law to prevent her doing so, and to pose as a graduate from the school from which she has been discharged. Such a law applied to training schools would require every such school to bring its standard up to a given point fixed by the University of the State of New York or to close its doors. It would require every woman who wished to practice nursing; first to obtain a diploma from a training school recognized by the University of the State of New York; second, to pass a Regents' examination; third, to register her license to practice exactly as a physician is required to do.

Until the responsibilities of the nursing profession are placed under the nurses themselves the profession can never rank with the other professions. This makes it of vital importance that the examining boards shall be selected from nurses in practically the same manner that medical boards are chosen from physicians, that pharmacists, dentists and teachers are examined each by members of their own profession. It would be death to all progress in nursing development if at this important period in its history the nursing profession were to be given less honorable recognition than that accorded to any one of the professions I have mentioned.

Such a law would not be retroactive, although after it had gone into effect every graduate would undoubtedly be required to register her diploma and only

the women whom I have described as discharged nurses would be thrown out of work in the beginning. Such a law would place nursing upon a firm professional basis. It would bring into the profession a greater number of highly cultured women; it would protect the public and the nurses themselves against impostors and incompetent women.

The effort to pass such a law must come simultaneously from the nurses throughout the state, and they must have the support and coöperation of hospital managers and the reflective members of every community.

Organization: In April, 1901, a "preliminary meeting to organize a state association of nurses with the object of securing legislation which ultimately shall place training schools for nurses under the University of the State of New York" was called in Albany.

Legislation: Following the organization of the New York State Nurses' Association, great activity in legislative measures manifested itself. However, not until April 24, 1903, were the nurses' efforts rewarded. The "Nurse Practice Act" was then passed whereby a foundation was laid for the standardization of nursing. It was about this time that Eva M. Allerton, a close associate of Miss Palmer in those pioneer days, made a complaint that "the University of the State controls the output of hundreds of institutions of learning, as for example, the state academies, colleges, universities, professional and technical schools, but the University of the State does not in any way control the output of nursing institutions." Time will not permit me to eulogize these two nurses as I am prompted to do. I can only say that the masterly power in originating, and the skillful handling of the influences necessary to the success of the plan, were lodged in them. It is to them that we all feel it a privilege to pay the tribute due to those who bring to a conclusion great and vital matters.

Very early in the history of this campaign for the educational betterment of the schools of nursing, two opposing forces occupied the field. The majority contended that the nurses should avoid all entangling alliances." The minority took the ground that "even in their legal status nurses should be subordinate to their medical associates," and the latter further contended that "the medical profession should be represented upon the Board of Nurse Examiners."

The legislative difficulties with their causes may be briefly stated. The bitterest opposition arose among the commercial interests which would naturally suffer under the standardization of nursing; influence of traditions concerning nursing was felt, and worse than all else, there was the apathy of a goodly portion of the nurses themselves. These facts coupled with a sore lack of an educated public mind brought about the necessity of modifications of what was originally felt to be best. Furthermore, the correspondence schools and short-course schools

have been a factor in retarding a development that might have been secured in this movement for standardizing nursing. Each year these schools are sending out scores of correspondence and short-course nurses, if one may justly apply that term to them. in full uniform and to all outward appearances genuine nurses, who charge prices equal to those of many hospital graduates. Naturally much confusion already exists in the public mind and will undoubtedly continue to exist until protection for registration is secured.

The Nurse Practice Act: The Nurse Practice Act, as amended in 1913, possesses four statutory requirements. These are: (1) preliminary education; (2) professional training; (3) licensing tests, and (4) registry. A broad waiver provided liberally for the nurses graduated before, or who were in training on, April 24, 1903. The operation of this plan as defined in the Public Health Law for the Registration of Nurses under the Administration of the Regents deals both with the school and its graduates. A school secures its classification as a professional institution, first, through incorporation and second, through registration under those requirements which are set forth by the Regents. Registered training schools may not admit students who do not qualify as to preliminary education, the minimum requirement being one year of high school or its equivalent. The superintendent of a registered training school submits to the Department of Education a statement of the credentials of each probationer. This statement is duly filled out by the applicant, who in return receives a card of approval (a certificate accompanies this), providing she has satisfactorily met the requirements of the Nurse Practice Act. This card is kept on file in the office of the superintendent of the training school. These admission provisions practically constitute the nurse's eligibility for registration with examination, should she complete her course.

General Plan of Administration: The Assistant Commissioner of Higher Education is in direct charge of the nursing, just as he is of all other professions. Thus he is by the virtue of the duties of his office, the connecting link between the Regents and the nursing profession.

A Council, a Board of Nurse Examiners, a Chief of Examinations Division, and an Inspector of Nurse Training Schools, constitute the corps required to control nursing affairs under this plan.

All the details connected with certificates of registration are handled in the Examinations Division under the chief of that department.

The Council consists of five nurses, the inspector of nurse training schools, two hospital directors, the president of the State Medical Association, a representative from the State Board of Health, and another representative from the New York City Board of Health.

This Council, together with the councils of the other professions, secures direct recognition by the Regents. The essential duties of the Nurse Council are the arrangement of the syllabus and the formation of the school curriculum. This Council also may be regarded as the court of adjustment and advice at all times when the affairs of the nurses are properly brought before the Regents.

The duties of the Board of Nurse Examiners are: the determining of the eligibility of candidates, the accepting or rejecting of those applying whether by examination or under the waiver. This Board prepares the questions in theory, outlines and conducts all practical examinations, and reviews and determines the ratings of the papers of the candidates in the various subjects.

At the very inception of the idea of this plan of government, the belief was manifested that the integrity of this Board of Examiners should be upheld. Upon this position the nurses have been assailed again and again, but both the Commissioner of Education and the Regents have expressed their conviction in favor of the attitude taken by the nurses. They feel that inasmuch as the boards of examiners of other professions are composed of members of each particular profession, it is the logical conclusion that nurses should be examined by nurses.

The Council may be regarded as the fore-word, the Board of Examiners, the after-word in the education of the nurse under this plan of government.

Inspection: "Every institution admitted to the University by the Regents, by charter or other formal act, is subject to inspection," hence the Inspector of Nurse Training Schools. Since this official resides in the capitol of the state, has her office in the Education Building, and is in constant touch with the First Assistant Commissioner of Education, her value is obvious. The state makes no special appropriation for inspections. It is therefore necessary that appropriations for inspections should be provided for from the fees of candidates seeking registration.

As the title implies, this inspector's duty is to inspect the training schools; this, however, does not apply solely to those schools already enjoying registration. It may also apply to those seeking it. It is by no means to be inferred, however, that the work of this official terminates with her inspection duties. It is largely to her that the organized nurses of the state look for a supervision and protection of their interests. The office of the inspector in the Education Department at Albany is practically a bureau of nursing and the inspector acts as secretary.

Effects of the Plan: The operation of this plan of administration of nurse registration has, beyond all question, wrought great benefits and improvements. Some of the results of the plan are already evidenced in the better conditions for student nurses in their physical requirements; the abolition of the practice of sending out student nurses for the purpose of earning money for the hospital; more effective measures to conserve the health and energies of hospital workers; efforts to reduce the long hours of duty to a reasonable length of time; and a gradual awakening of the public mind to the obligations of the hospital to its school, to its nurses, and to public health. Another important result has been the raising of the standard of the schools and of school work. Schools are now beginning to understand that in order to draw upon the better educated women they must offer special instructors; well-equipped class and demonstration rooms; and a clearly-defined intention on the part of the authorities to carry out such pledges to the nurses as are set forth in the usual training school prospectus.

Effects upon Openings for Nurses: Boards of health, life insurance companies, settlements, milk stations, steamship companies, factories and department stores maintaining emergency rooms, in short, all worthy agencies engaged in the conservation of public health, now demand the nurse who possesses a professional status. Surely there is needed no stronger emphasis of the fact that nursing ought to be ranked with the other professional forces than the attitude of the American Red Cross under the present overwhelming demands.

The Alumnae Association: This paper should not be brought to a close without a word concerning the effects of the plan upon the alumnae association. The awakening of the hospital graduate to the importance of the part which her alumnae association should play in nursing interests has been one of its most cheering results. Through the efforts and influence of their graduates thus organized, several schools have been prevailed upon to improve their standards and to secure registration under the Regents.

I believe I can safely consider that I am speaking for the registered nurses of New York State when I assert that the value to nurses, individually and collectively, of a classification among the educational forces of the state, has promoted efficiency to such an extent that we stand ready to pronounce ourselves in favor of the plan of the government of the Registration of Nurses by the Regents.

The chairman asked some one to tell about administration of registration by a mixed board—one composed of physicians and nurses and called upon Miss Lawson of Ohio.

MISS LAWSON: Our law, signed by the Governor on May 3, provides for an entrance examiner who is an educator; the examiner of the State Medical Board and three nurses, one of whom shall be the chief examiner. These three appointments are made from ten nominations made by the Ohio State Association of Graduate Nurses; all appointments under the jurisdiction of the State Medical Board. Our law requires one year in a first grade high-school, or four units, as evaluated by a section of the state law already in operation.

The chairman then asked for a general discussion of the papers.

MISS SQUIRE (New Jersey): We are not as fortunate as you have been in California, as to having such a splendid department of health. Our Public Health Committee is simply a political machine; neither are we fortunate in having a Board of Regents, and the physicians in New Jersey, to whom we look for assistance and whom we would have liked to have assist us in administering registration laws, felt that the Board should be composed entirely of nurses themselves. Those that were willing to serve and who sought to serve were not in repute of their own profession. The only thing they did was to draft a law asking for a twenty dollar fee for registration, the proceeds to be divided among the members of the Board at the end of the year.

A communication from a member of the Board of Examiners of Georgia was read: "A Board of Nurses is ideal in theory only and falls far short of what was expected of it. Animosity is aroused by rejected candidates and rejected schools. Appointment of members of board is frequently a political issue." Recommends that administration should be placed under state education boards rather than medical or boards of health. Must be located where secretary is. The office of secretary should be permanent and held only by those whose occupation permits them to be at their desk for stated periods. Georgia secretary provides her own office in her home and when rushed with work employs an assistant at her own expense. Card System: All data on one card, register kept of all registered nurses. Individual states should be gradually moulded in accordance with a general standard and all future amendments should be held back until such time as we know just what general standing is to be adopted. That a National Bureau of Legislation for the purpose of studying and conferring with the various state legislative committees should be established, also to instruct the state associations on the contemplated changes in their laws. Reciprocity cannot be systematically carried out until this is accomplished.

The chairman called on Miss Palmer.

MISS PALMER: I would like to say this to you who are working along the lines of obtaining new laws at the present time, that you can have no conception of the antagonism and of the opposition which was aroused when the nurses of New York had the courage and the impertinence to ask the legislature for a

board of examiners composed entirely of their own members. It is impossible to give you any adequate idea of the tremendous opposition, the character of it, and particularly the opposition from medical men and from reputable medical men whom we felt should be with us. We were told by the best men who advised with us to keep out of medical politics; that if we could not obtain a board composed of our own members, to wait; that the minute we had even one doctor on our board, we would be getting into medical politics to such an extent that we could not expect to have justice in any direction, either for ourselves or for the candidates we were examining or in the administration of our law. In regard to the matter of the mixed boards: I have, of course, been deeply interested in this question, and I have kept in close touch with the nurses who have been serving on those mixed boards in a number of the states. I have periodically, as I have written to them, asked them how their work was progressing and whether they found doctors on those boards of any special value to them; and, excepting where the representatives have been members of the board of health and salaried officers in the board of health I have not known of a single board that has profited in any way by having doctors serving with them. They have proved to be an obstacle in most states. I have had confidential assurance to that effect from the women associated with them, and I believe that will always be so. As we said in the beginning, and have said over and over again, among ourselves, and in the JOURNAL and as has been said here this afternoon, the men whom we could trust have not time to give to that part of our work, and the men who are willing to do it for the small amount of remuneration there is in it we cannot trust to do our work justly for us. That is just where we stand today, as I said when we first went before the legislature in the state of New York. Thrash out all these problems as they come to you, in order that you may stand independently and manage the affairs of your state independently. Remember this: a very poor law is very much worse than no law at all, because the poor law handicaps you. It seems that once you get a law on your statute books and you have a doctor in any way connected with it, you cannot get it off.

The chairman asked Miss Riddle to speak.

MISS RIDDLE: As I said the other morning in our session on legislation, I have always made it a point to keep very quiet regarding the law for registration in Massachusetts. We know we have a poor law but we have tried to make the best of it; therefore the people who have been appointed to administer it have tried to act wisely. The Board is composed of three nurses and two physicians, one of whom shall be the examiner of the Board for Registration in Medicine, and the other shall be a doctor, superintendent of a hospital having a training school, giving at least a two years' course and he shall be appointed by the Governor as are the other members of the Board. We are in the majority, and we have found and we have taught that we were really benefited by our connection with the Board of Registration in Medicine. It gives us a standing immediately at the State House which we should have had to work very hard to obtain otherwise. It gives us a system of record keeping and examinations which we would have had to develop ourselves. We copy many things from them which we thought were to our advantage. It was not our idea that we should have our Board particularly composed of doctors, but I believe I express the sentiment of the other nurse members of the Board when I say that we think we are really better as it

is, and we are glad we have had the advantage of their experience and that we have the advantage of their offices, which were increased to meet our demands; and it is just as much the office of the Board of Registration for Nurses in the Capitol as it is the office of the Board for Registration in Medicine.

THE CHAIRMAN: We feel, I am sure, that Miss Riddle has struck a very dominant and important note when she says that the administration machinery should be situated at the Capitol of the state. It takes on dignity. It has a standing with other commissions and other departments of state and there is no doubt but that we can strengthen our work very much by having our administration machinery located with the other administrative machinery of the Capitol.

Miss Wilkinson of the State of Washington was asked to speak on the Basis of Reciprocity.

It is with great diffidence that I approach this important subject that confronts us. We all feel the necessity for it, and I think none of us have a very clear idea of how it can be brought about. There is no doubt that registration has made a most wonderful improvement in training schools, not only in the subjects taught and the manner in which they are taught, but also in stimulating the pupils to better study. It is very gratifying to notice the improvement in the answers to questions each year. For instance, in my own state, the percentage of failures this year was one-fifth what it was four years ago, and of those who failed, only three were of this year's graduates.

While registration is not required by law, it is made practically compulsory by the superintendents of the training schools, and the pupils themselves nearly all desire to take the examination. It is interesting to note that the only places where they are indifferent are in those sections of the state where they have no nurses' associations and where they cannot see the value of having one. As to reciprocity, we shall certainly have it before many years, but we must get ready for it now. To my mind, the first step and one of the most important is the standard of education required of the pupil nurse. I feel that if some nurse could talk before the girls in the high schools and colleges and show them the advantages and opportunities in the nursing field, they would not have difficulty in getting of their best. I was asked to talk to the senior pupils of the Domestic Science class at the Normal School a short time ago. At the end of the hour's talk, I invited them to visit the hospital. Within a week nearly every one of them had availed herself of the invitation, and later two of them applied for admission to the training school. Next, will be the age limit. Personally, I would rather have girls who had not taken up any other line of work. They make, usually, better students, are more enthusiastic, and have a higher ideal of their profession. Then there should be a standard curriculum, and a registered nurse at the head of each training school, who would see that each subject is thoroughly taught. The length of the training should be uniform. One of the hardest problems will be the number of beds required, and the average number of patients per day. In many parts of the country, where the population is scattered, the small hospital is a necessity, and to not register these, would not only work very great hardship on the hospitals themselves, but also on the communities in which they are placed. I feel that a general hospital, say of even twenty or thirty patients, and a good superintendent of nurses who is conscientious in her work, can graduate pupils who can compare very favorably with those from the large

schools. Lastly, there must be uniformity in the laws governing registration, and also in the rules regarding these laws. We probably, in all of the states, have weak points, which we would like corrected but hesitate to approach our legislators, for fear they might be changed in a way we do not ask. When many of our laws were passed, we could not prove, we could only say that we believed, it would be a great advantage to the public to have registration, but now it is no longer an experiment and I believe that when the time comes to try to have uniformity and we can show our legislators that it is the concerted effort of all the nurses, in all of the states, and can show them the tremendous advantage it has been, there will be little difficulty in having them passed.

Miss Goodrich was then asked to speak.

MISS GOODRICH: We all have to obtain the laws in each state as we can best obtain them. We all recognize the different requirements that have to be met in the laws that have been passed; also those of us who have worked to pass laws know that the bill which we start out with is not the bill that goes on the statute books. I believe that through the controlling bodies, that is to say, in most instances the Board of Nurse Examiners, or as in New York State, that part of the educational department machinery that has to do with the legislation governing the practice of nursing, through these bodies only can we work out such a uniform standard of education that we can eventually have interstate reciprocity. I believe it has already been suggested that there be some committee or council from the Board of Examiners to carefully study this situation.

In New York State we have no reciprocity clause under our law; we have tried to amend it to put in such a clause, but the question came up as to the difficulty in the different requirements. For instance, in one state an educational requirement for admission to the school is different from that in other states, or the term of professional training differs and it is obvious that that state can only reciprocate with another state that maintains the same standards. We must, therefore determine, and I think it is distinctly the duty of our organizations, to determine on what we will consider a minimum standard for any state. Through that minimum standard we can probably obtain reciprocity which will eventually include all states. We can only raise up these states that are below our minimum, and try in some way to put in a clause for the states where the standard is so much higher that we cannot come up to it. Let me give you an example: Maryland has an excellent law which requires full high school and three years of professional training. They would not reciprocate with us in New York State where our educational qualification is one year of the high school and where the term of our professional training is two years of the training school. Those are examples of differences. But, after all, while we regret and deplore that we cannot obtain interstate reciprocity, we are working toward this, and all the time in some way we are managing to get a better and more uniform standard of laws. I think that is what we must concentrate on; and, while I have not been asked to speak of it, I am going to attempt to speak on this particular subject, and I will ask Miss Jamme's permission to put aside for the moment the question of reciprocity, which is such a hard problem, and which I feel can only be handled by careful study and will speak to you on the whole proposition of what can be done for nursing through our boards of examiners or whatever the controlling power of the nursing legislation is.

Last year a course was suggested at Teachers' College by Miss Nutting on "State Relation to Nursing Education." I don't know how enlightening it was to the pupils but I assure you that it was very enlightening to the instructor. When you begin to study this question, you look over the whole field and you see, in the first place, what we want to prepare these nurses for. We want to see who is taking care of the sick in the community, who is doing preventive work, and what their preparation is for this work. You cannot study very long without seeing what a power our boards of examiners could be, in the first place, in gathering information; in the second place, in raising the standards of the schools and the studies in the schools of nursing; and in the third place, by getting together state statistics. If we do that, we can have a very powerful weapon when we want to go to the government, whether federal, municipal or state, and say, "Here is what these servants of the state can do for the benefit of the state. What will you do toward helping her toward getting such an educational opportunity; what will you do toward helping her to meet these obligations and opportunities?" I have just two or three examples to show you what I mean: If you go over all of our laws and study them, you will find (and let me commend to you Miss Boyd's recently revised book on State Registration; it gives all the laws, a summary of them, and many interesting details) that one of the most important subjects for a nurse to be familiar with is omitted in nearly every outline of the subject in which the pupils are to be examined. I would almost like to have you guess what it is. It is children's diseases. Now, if the statistics are correct concerning infant mortality and children's diseases and everything that pertains to the child, there is no cause that makes more demand upon the nurse than the care of children, pediatrics. It would seem obvious, therefore, that not an examination in theory only should be required, but that very definite experience should be required in the care of the sick child. That is the first thing. There is just one state that includes in the list of subjects for examination, an examination in mental diseases; and yet you can hardly move anywhere without seeing now statements concerning various mental conditions, and you are met with the appalling statement that in many states the proportion of insane to sane is one to two hundred. Consequently you begin to wonder if it is not very important to determine what shall be the experience of the nurse for the conditions which exist in the community; and her preparation should be from that basis. It has been well said that the nurse cannot have every experience required to render service. Undoubtedly in the future we shall have a very highly specialized group of people. We are becoming specialized, but there are certain fundamental experiences which every nurse should have; and until the time shall come when every family can afford, if a case of appendicitis develops pneumonia, a nurse to take care of the patient medically, and if the child takes sick when the other patient is convalescing, the family can have another nurse to take care of the child, it would seem a good thing for the nurse to have a pretty general all around training. We know she can get that in three years, if that three years is properly divided.

So much for the survey of the field to show what these nurses are prepared in; what are the fields she needs to have experience in; what are the steps in which she should be examined. Then I think we ought to be able to turn to the boards of examiners or governing bodies to find out just exactly what the nursing status is in any given state. We ought to know how many there are that are registered, we ought to know how many there are that are trained and how many untrained;

and we ought to go further than that and be able to tell, through our nurses' boards, what municipality and state work our nurses are doing, just how much she is the public servant that we claim she is. If the prophecies are true, we shall soon have as school nurses something like ten thousand women. We also want to know what the number of nurses is who are doing philanthropic work in the community. We are constantly met with these statements, and I think we should consider them, that only ten per cent of the sick are being cared for by the trained nurse. We cannot answer that statement. We cannot answer it in New York State with all our highly systematized control of nursing education. We have twelve thousand six hundred nurses registered, fifty-six hundred in the State Nurses' Association. I don't know how many untrained we have, but I think we ought to be able to say just how many untrained nurses we have that are taking care of this large majority of people who cannot afford trained nurses. I think we ought to be able to say: "Here are over twelve thousand registered nurses that we know are practicing in this state, and we know every one of them." I will qualify that. I think some three or four thousand have been registered under the waiver of 1903, which meant that nurses then in the field were registered; but we can say without any exaggeration that we have between nine and ten thousand women who are practicing and who have given at least two years, and in many instances, three years, of free nursing service in the hospitals to obtain that registration; and if we actually went in to make a study of that, I think we could show that these women gave, who are registered, as many days of free nursing service as any commercial or correspondence school nurse that was ever turned out gave of cheap service; and that when they gave that service, they were under the most careful supervision and instruction; or, in other words, the safest place for the public to get a free nursing or a cheap nursing service is in the hospital where the pupil nurse is being carefully instructed and supervised by qualified and efficient nurses. That is the kind of study that our boards of examiners should make of the whole situation. Let us know what we are doing in municipal work, let us know what we are doing in state work, let us know what we are doing in philanthropic work; and let us be able to show our women who are doing public health nursing and that the untrained graduate or the partially trained graduate is not doing private nursing at a less salary than ten or fifteen dollars a week. Let us show that nurses going into public health nursing are giving in actual dollars and cents to the poor of the city a nursing service, a qualified nursing service. Those are things to consider: that in the hospital, while she is being trained, she is giving to the poor of the city a great many dollars in the time she puts in for the preparation for this work; and whenever you put this clearly before the public, I believe there will be many interesting revelations to be made.

Again, as you study what the states have done, you will be surprised to find that one state has accomplished one thing and another state another. New Jersey has put out the first illustrated booklet on nursing procedure. I personally am much grieved that New York was so stupid and slow that we did not get it out first. It is a most interesting little booklet. It will probably be revised and improved, but the fact remains, they have that booklet going through the entire state and it will eventually bring about a uniform standard of equipment in nursing procedures. That is one of the helpful things that is being done there. And the work that has been done by the Illinois Board of Nurse Examiners is most conspicuous in its completeness and in its helpfulness and suggestiveness.

I would commend to your attention especially the board of nurse examiners, the information that they are putting out. The evidence of qualifications which is being required in New York State through the Education Department, is one of the most important advances. If I learned nothing else as an inspector in New York State I learned something of the machinery of education and the great variety which was given by schools. In one place they had a high school building, and they moved into it the elementary schools. The graduates of that school in the high school building may say that they completed a course in the high school, which they did, but incidentally it would not, of course, be an academic course. All that has to be carefully studied and gone over with our boards of examiners in every state. We should be interested in getting definite notes from students on the educational qualifications so that we can send out a publication stating that we have so many college graduates throughout the United States in nursing, that we have so many high school women, and that we have so many women who have been teachers.

THE CHAIRMAN: This wonderfully inspiring talk by Miss Goodrich makes every one of us feel that in obtaining registration we are carrying on a tremendous responsibility, not only to ourselves, but to the pupils in our training schools and to the state and the citizens of the state. When we went up to our legislatures we pledged ourselves to promote the better education of nurses and the better care of the sick in our states, and we must do it. Now, it is up to us, everyone of us, after this talk by Miss Goodrich to go back into our states and, in the words of Dr. Favill, "Put our house to rights."

A discussion followed as to the value of appointing a committee to work out some of the suggestions that had been made. In regard to the personnel of the committee, Miss Goodrich said:

We are constantly going through a process of evolution; consequently we must get the people who are right in the work at the time. I would like to think that we had some committee appointed from the members of the board of examiners who would work out, for instance, a list of the subjects concerning which information should be required or was desired. Commercial registries and so forth could be included in that. I should think that they could determine some standard by which the board of nurse examiners should be appointed. That is one item I did not touch on and it is a very serious thing. Some of our laws provide that no woman shall be appointed on the board of nurse examiners who is holding a hospital position. I understand that is necessitated by some law governing educators examining their own pupils, etc. We have had to have that law changed in New York State because it is obvious that the people who examine nurses should be people who are conversant with education; they should be those who particularly have been the educators or teachers of nurses; and the mere fact that a nurse is popular in an organization or prominent in any field of nursing would not necessarily qualify her for the position of nurse examiner. These are the questions which ought to be taken up by this special committee, I think you will agree with me that they should study them out, get them ready and lay them before the whole group of boards of examiners, they to pass upon them and approve them and be ready to give reports of interest at our regular national meetings.

Miss Palmer moved that the directors of the American Nurses' Association shall appoint a committee drawn from members of Boards of examiners of different states to make such investigation as Miss Goodrich has outlined and report to us the work which they have accomplished during the year, with the idea, that they go on indefinitely with their work until they have thoroughly covered every state in the Union.

Miss Goodrich moved that, in order to avoid duplication of work, the motion be amended to the effect that this committee shall consult with the existing Committee on Legislation and Information. The amended motion was carried.

GENERAL LEGISLATION PERTAINING TO NURSES AND NURSING

By LOUISE PERRIN, R.N.

The most popular form of legislation pertaining to nurses has been that which has provided for the State Registration of Nurses, by giving the title of Registered Nurse. In securing these laws in the forty-two states, we have gained a great honor, recognition of nurses professionally.

State registration of graduate nurses is one of the cornerstones of our profession as it has elevated the standards of education of the trained nurse by improving the instruction given in the training schools.

In 1891, the first registration law for nurses was passed in Cape Colony, South Africa. Some years later, New Zealand passed a law. In 1903, the United States passed her first registration laws, North Carolina, New Jersey, New York and Virginia being the first states.

The state laws, pertaining to nurses are of various kinds: In 1799, Congress passed a bill on medical establishment, which was signed by President Adams, and in this a provision was made for the physician general to frame a system of directions for the government of nurses. In 1802, Congress provided one ration daily for each nurse employed in the hospital. At this time there was the Marine Hospital at New Orleans, and another hospital was being built in Massachusetts. In 1861, Congress provided for employing women, instead of soldiers, as nurses in the army hospitals, to pay them forty cents a day, and to allow them one ration of food daily. In 1892, Congress granted a pension to the nurses who were employed in the army during the war of the rebellion. In 1901, Congress in the Reorganization Bill of the Army, provided for the services of graduate nurses in the Army. The nurses have, by their presence, raised the moral tone of the military

hospitals, and by their services have lowered the death rate. In 1908, Congress provided a graduate nurses corps for the United States Navy.

Alabama requires its hospitals with training schools to be registered with the state health officer.

Arkansas passed a law in 1899, that no trained nurse shall be compelled to disclose any information about her patients, and then in 1901, a law was passed authorizing schools for trained nurses in cities of the first class in connection with the city hospitals, and the issuing of diplomas to the nurses graduating from such schools. In 1911, provision was made for the establishment and maintaining of a training school for nurses in the state tuberculosis sanitarium.

California has an eight-hour law, which applies to nurses in training.

Connecticut, in 1907, provided for the appointment of school nurses to work under the direction of the school physician in all school districts.

Indiana, Iowa, Michigan and North Carolina have laws which enable the counties to establish and maintain public hospitals, with training schools for nurses.

New York in 1894, Kansas in 1903, Indiana in 1905, and Minnesota in 1913, provided for the admission of their honorably discharged war nurses, when disabled or destitute, to the State Soldiers' Home.

Massachusetts, in 1902, extended to her army nurses the same provisions of the law as relate to soldiers' relief and burials, and it has provided state and military aid for nurses who served in the army hospitals during the Civil War. Michigan, New York, Pennsylvania, Rhode Island and Wisconsin have laws for the prevention of blindness in newly-born infants, and these apply to nurses, as well as to physicians.

Michigan has provided compensation for making and filing certificates of births. Nurses are to do this, if the physician fails to do it. In 1911, it provided aid for army nurses, residents of the state, when they have no estate; in 1913, it passed a law requiring all registered nurses when engaged in active service to furnish, semi-annually, a health certificate, showing that they are free from tuberculosis, or any specific or infectious disease.

Mississippi has a law which has required the county commissioners to provide nurses for the county poor houses.

Nebraska has a law which has provided a burial place for deceased nurses who have been honorably discharged from the Army. It has made provision for the railroad companies to issue passes to nurses, when caring for persons injured in wrecks.

New Jersey has authorized all corporations organized for main-

taining training schools for nurses to confer the degree of medical and surgical nurse upon its graduates.

New Hampshire has given towns the right to grant money to aid visiting and district nurses' associations.

North Carolina has required that a nurse trained in tuberculosis work have charge of the public tuberculosis sanatorium.

New York, in 1899, passed a law to incorporate the Trained Nurses United Aid Society of America, for the purpose of rendering temporal aid to such trained nurses, as belong to this association. It has amended the code of civil procedure in relation to professional or registered nurses acting as witnesses. "No nurse shall be allowed to disclose any information which she has acquired in attending a patient, in a professional capacity, and which was necessary to enable her to act in that capacity. New York also has a law which enables New York City to obtain the services of a training school for nurses in connection with Bellevue and other hospitals.

Ohio has made provision for the appointing of nurses to do tuberculosis work in any of the counties or districts, in either hospitals or homes.

South Carolina, in 1912, granted to graduate nurses of the state hospitals for the insane, the same rights and privileges as nurses graduating from other hospitals.

Vermont, in 1912, passed a law granting districts and municipalities the right to appropriate money to employ district nurses for the benefit of its poor people.

West Virginia has provided for the employment of nurses in its miners' and county hospitals.

Wisconsin, in 1913, gave power to any city council to employ obstetrical and visiting nurses and it has authorized its county supervisors to employ graduate nurses to assist county superintendents in caring for the poor; to report cases of tuberculosis, and to instruct tuberculous patients how to care for themselves, and to prevent the spreading of the disease; and also to look after the schools not under medical inspection, and to do the work of a visiting nurse throughout the county, as may be required by the county board.

Wyoming has a law which provides that each nurse graduating from the state hospitals shall have a school pin, the cost not be exceed fifteen dollars per pin.

Under the new immigration law passed by Congress, the practice of advertising and accepting Canadian graduate nurses for salaried positions in the United States hospitals, is forbidden, as this comes under the so-called "alien labor," but by a recent ruling of the Com-

missioner of Immigration, it is permissible for hospitals in the United States to advertise for, and to accept aliens from Canada as student nurses in the training schools.

MISS ELDREDGE: Illinois has a ten-hour law which affects nurses. It has been in force in certain schools only. It is enforced by the labor commissioners. They say they are altogether too busy to get after many of the hospitals.

THE CHAIRMAN: In California we had an interesting bill presented at the last legislature which was, however, not signed by the governor. It empowered the boards of supervisors of the counties to employ registered nurses for visiting nurses. It outlined duties that would coincide very well with Miss Goodrich's educational scheme. When that bill was introduced it merely stated "Trained graduate nurse." The committee received my recommendation that it should be a registered nurse. When I told them that we had in the State of California over five thousand registered nurses fully competent to take up that work after they have had some training in public health nursing, they immediately asked me "Do you want to get jobs for all those five thousand nurses?" You see their idea is, just that we want jobs, instead of raising the standard of rural nursing.

MISS ELDREDGE: There is at present in the Illinois legislature in both houses, a bill called a Public Health Bill, to put everything, the bureau and everything else under the State Board of Health, but we have held that so far in committee.

THE CHAIRMAN: Again we see another reason why we should have a central bureau to look after our legislative work. How easily and how quickly, how quietly and insidiously these bills are entered into the legislature, gotten to the floor of the house, and if we have not a competent representative at headquarters, staying there, not only going into committee, but engineering this legislative work very carefully, we are likely to have adverse action. Each state should do something on this matter, and it would seem as if this new committee might be a tremendous help in the work along legislative lines.

MISS COOK (New Zealand): I am from New Zealand, and I have been very much interested in the discussion of your papers and to know what your state legislatures are doing. I had no idea that you had such difficulty in getting this legislation and I did not appreciate what we have. We are very fortunate in that way.

THE CHAIRMAN: New Zealand was very fortunate in being one of the early countries to get legislation, and I am sure it was a great stimulus to us and to other countries.

A DELEGATE: I am sure I voice the sentiment of each member of a board of nurse examiners present, when I say that the only regret we have in connection with these two sessions is that every member of each board could not have been present. We feel that there should be some concrete method whereby more may be conveyed to each board than we perhaps, with so much in our heads will be able to carry back. Therefore, I offer the following: We recommend that reprints of the proceedings of the legislative sessions be forwarded to each board of nurse examiners, this resolution to be placed before the Board of Directors of the American Nurses Association for their action.

The motion was carried.

After some announcements the session was adjourned.

THURSDAY AFTERNOON, JUNE 24

GENERAL SESSION, 5.30 P.M.

GENEVIEVE COOKE, *Presiding*

The Relief Fund report was called for, but it was preceded by a talk by Miss Palmer in regard to a nurse prominent in organization work for whom some help was needed. After outlining the special needs of this patient, she continued:

I don't know of anything that has impressed me more on the question of joining our forces to develop this Fund of ours, so that in the discharge of our duty as nurses and as members of our profession, we may feel that should anything like this overtake us, there will be some provision made. It is important to have this thing going and have it in such a state that there shall always be a surplus to meet the demands whenever they come to us. Of course this Fund, the organization of it, and the control of it, has to be worked out. We did not expect when we began to accumulate the money to make the rules for its management in the beginning. Just think of it! we began to raise this money in 1911 and we have more than \$15,000 in this short time. There is not another group of workers who have done such wonderful things in the way of contributing money, as we have done. Many of you have given all you can afford to, but this message of the necessity of developing this Fund should go back to every alumnae association and every state association and every county association. There should be one big meeting every year, where this matter should be brought up, and all members reached and asked to give their little mite. If you cannot send large sums of money to the Fund, pass around the hat at each meeting and let the members put in a few cents, and when you have accumulated ten or fifteen or twenty dollars, send it to the treasurer.

You cannot save money for a long period of helpfulness on days' wages. No human beings save money for their old age, if they have any obligations at all, on what we call days' wages. The people who make money are the people who can speculate. The people who can buy and sell are the people who can invest their money in something that has an abnormal value to it, and we cannot any of us, with the demands made upon us and the obligations we have, hope to provide against a long period of helplessness. Now, take this up with your local people, your alumnae members and give a little if you can, no matter how small it is. Get a small fund accumulated and then turn it over; give some sort of entertainment, or some sort of party, whatever you do best in your community, and let it be understood it is for the Relief Fund. Let the public help if it wants to. It will not do those you serve any harm.

An opportunity for making pledges to the Relief Fund was given. After a number of pledges had been made, Miss Eldredge moved that further pledges be made at the next meeting, when a larger number of delegates would be present. The motion was carried. The motion was amended to the effect that pledges be made at every meeting held; this was carried.

Miss Sly, chairman of the Revision Committee, reported that of the printed amendments sent to the associations, the directors recommended that the fourth and sixth, those relating to the Relief Fund, be withdrawn. "Since sending out the amendments we have been advised that the Relief Fund is not a mutual benefit fund and that the articles of incorporation of the American Nurses Association can be extended to include this Fund. Those are the reasons for the withdrawal of Nos. 4 and 6 of the amendments. Apart from that, they remain as they are."

Miss Sly read the amendments as printed, they were voted upon separately and the following were adopted:

ARTICLE I

SECTION 3. Amend by substituting "Board of Directors" for "Executive Committee," and wherever words "Executive Committee" occur in the by-laws.

SECTION 6. Amend by substituting "annual convention" for "annual meeting," and wherever the words "annual meeting" occur in the by-laws.

ARTICLE VII

SECTION 1. Amend by striking out "(a) Executive."

Miss Eldredge moved that the recommendations of the directors in regard to the fourth and sixth amendments be followed. This was carried.

The first paragraph of the fifth amendment was adopted, as follows:

SECTION 2. Amend by striking out: "The Executive Committee shall consist of nine members, seven of whom shall be Directors and three of whom shall be the President, the Secretary, and the Treasurer of the American Nurses' Association. The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members *ex-officio*. It shall meet at the call of the President or of any three of its members, and shall have power to receive and act upon all applications from organizations for membership and to transact the general business of the Association between the meetings of the Board of Directors. It shall report its transactions to the Board of Directors and the same be subject to their approval, and report to the Association at each annual meeting."

The second paragraph of the fifth amendment was then discussed, which read:

The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members *ex-officio* of the Board of Directors without the right to vote.

Miss SLY: In my report the other day, and in the secretary's report, there was a recommendation that the Committee on Revision of the American Nurses'

Association work and cooperate with the Committee on Revision of the other two national organizations, in working out a plan by which any one organization may have some definite representation which will be legal, but not to specify that the presidents of these two national organizations *must* be elected as members of the Board; they *may* be, and the delegates may use their own discretion.

After some discussion, the recommendation of the directors in regard to this paragraph was adopted.

The secretary pro tem then read a recommendation from the Board of Directors as follows: "That the present articles of incorporation be amended to extend its purposes to include the Relief Fund, as recommended by the legal counsel."

Miss Palmer moved that the recommendation be adopted. The motion was carried.

Miss SLY: Your Committee on Revision recommends that the Board of Directors of 1915 and 1916 be instructed to appoint a Committee whose duty it shall be, after consulting with legal counsel, and the parliamentarian, to prepare a substitute for Article 1, Membership; also to prepare such other amendments as in the opinion of the Committee are necessary or desirable.

Miss Sweeney moved that the recommendation be adopted. The motion was carried.

Miss SLY: The next recommendation you have practically adopted: It is recommended also that the Committee on Revision for 1915 and 1916 be requested to confer with the Committees on Revision of the National League of Nursing Education and the National Organization for Public Health Nursing.

This recommendation was also adopted, on motion of Miss Eldredge.

The secretary pro tem then read the following resolution:

WHEREAS in the passing of Isabel McIsaac the American Nurses' Association has lost a member whose beautiful character, unusual executive ability and long experience ably fitted her to deal with its problems with tact, sympathy and unbiased judgment, and whereas in the passing of this member the American Nurses' Association and the nursing profession internationally has suffered an irreparable loss, therefore be it resolved that this Association place upon its records the foregoing resolution and extend to her family its profound sympathy.

On motion of Mrs. Peterson the motion was unanimously adopted.

Miss Sly then read the form of resolution which it would be necessary to present in order to extend the articles of incorporation to include the Relief Fund.

After discussion of the details of wording, Mrs. Stevenson moved that the president and secretary be empowered to sign the resolution without specifying the exact wording. The motion was carried.

The secretary pro tem then read invitations for the convention of 1916 from Cleveland, New Orleans and Philadelphia. She added that the Board of Directors recommended that the invitation from New Orleans be accepted.

Miss Sly moved that this recommendation be adopted. The motion was carried.

Miss Giberson announced that the pledges of the afternoon for the Relief Fund amounted to \$560.

The meeting was then adjourned.

FRIDAY MORNING, JUNE 25

GENERAL SESSION

GENEVIEVE COOKE, *Presiding*

The president suggested that visitors, other than delegates, be invited to this session which was done. She then introduced Miss Kent of England.

MISS KENT: I feel like the Queen of Sheba! You know when she went to pay a visit to King Solomon she said to him that she had heard in her own country something of his power and his magnificence, "but behold the half was not told me." In like manner I had heard in my own country something of the American people and of the American nurses, and we knew we might expect a kind welcome from them; but behold the half was not told us. From the day we landed in New York until now we have received such abundant kindness and hospitality that we find it difficult to express our thanks adequately. When we left our poor bleeding country, I assure you that our hearts were very sore. You have done much to cheer us. But it is not alone for these things that we desire to thank you. It has been a privilege, a pleasure, and an edification to us to have attended your Convention, and we thank you for all that we have heard and learned from you. We have greatly admired your splendid work of organization, your solidarity, your *esprit de corps* and, I may add, your articulation, and your admirable AMERICAN JOURNAL OF NURSING. It is these things combined that make for progress. I am reminded of Browning's well-known lines "One who never turned his back, but marched breast forward." It is this dauntless forwardness of yours that has so much impressed us. You have two great advantages that we do not enjoy. You have political enfranchisement and you have professional enfranchisement. You are free women; we are fettered. But we do not envy you. It is no part of internationalism, which is, I take it, brotherly love, to envy those of the spiritual alliance. We rejoice with you. We have not yet seen the fruition of our hopes, but we have not lost courage. We, too, are marching "breast forward," and we do not mean to turn our backs until the goal is won. What you have won and achieved is an encouragement to us. On behalf of the National Council of Trained Nurses of Great Britain and Ireland, which we have the honor to represent, as well as personally, we thank you, and we shall return to England with

minds enriched and hearts warmed; and, as no place is very distant, and no time seems very long to busy people, we shall look forward with very great pleasure to meeting you in Copenhagen.

THE PRESIDENT: I am sure that as president of the American Nurses' Association I voice the sentiment of the membership of this organization in saying that this association feels that the indebtedness is all on our part. We appreciate the fact that through all the turmoil that is existing at this time, the British women have had the courage to venture forth on the great sea to come over to us, to take part in this program and be with us at this convention, the trip which they had looked forward to for so long, when we were all to meet in peace and discuss the opportunities for educational advancement; I feel very deeply that the sincere appreciation is on the part of our American nurses to the British women to the indomitable will and courage which is expressed in their appearance here. May we hear from Miss Goodrich, our International president.

MISS GOODRICH: It has been a great honor and privilege to have any women from the other side with us. We find, as the days go on, that we have had not only these two representatives from Great Britain but we have also had representatives from Holland, Canada, New Zealand, India and Australia. I am sure each one of these representatives will convey to her country the honor and privilege we feel in having them with us. We only wish that we could have heard more of the splendid work that is being done in these different countries. New Zealand especially has struck always the highest aim in efficiency and in legislative control of nursing education, and freedom from all the control of ancient ideas. They have the most advanced system in their hospitals and in their registration which has been discussed so much during these sessions, and their law of infant death rate; but these are things that we have not touched upon. It is indeed a very great pleasure, over and above all, to feel that we are so internationally united that we are one even in the terrible sorrow that has come in this day; and we have felt very much as you would feel about a family to whom great sorrow had come. While you know that they could be of great assistance to you, you hesitate even to ask them to send any contribution when they are in such deep grief. We know that when we meet three years from now we shall all stand together, regardless of nations, regardless of changes or alterations in the battlefields of Europe. They will not concern us. There will not be any change in our splendid spirit, I am sure. We are and will be a unit concerning these problems which so closely unite us and in which we are also deeply interested. After the war in our own country help will be needed, because this terrible war will result in poverty and distress in many ways. The day has come, I am sure it may sound foolish to say, but I am sure this century sees the signing of the death warrant of war; and the day has come, or will soon come, when we shall be so internationally united in our support that we can really talk about the brotherhood of man. It always seemed to me that the nurse could really talk intelligently and consistently about the brotherhood of man. So we send back the message to these countries, our best wishes, and we will meet, a large number of us, in Denmark, in 1918.

The president asked all the international representatives to come to the platform and then called for reports from the round table conferences. Only the private duty nurses had a report.

MISS OTT: The private duty nurses have been very enthusiastic and faithful to this session. In the Round Table talks we have formulated some few tangible, adherent points. One is to encourage harmony among the directors of central registries, and to encourage and maintain as much as we possibly can such registries in the locations in which we are working. Another is to try to maintain a strong adherence to the national organization, and to try, as much as possible, to obtain official representation among the officers of the national association; to maintain and to encourage attendance at the organized meetings, and to organize private duty sections as much as possible; last but not least to encourage, help, and assist in the making of the program for the New Orleans Convention.

Miss Dozier reported that Lane Hospital and Cooper Medical College had become affiliated with Stanford University.

The president then called for the report of the Committee on Resolutions.

MISS TAYLOR: The Resolutions Committee beg to submit the following:

WHEREAS, Harvard University has affiliated with the Massachusetts Institute of Technology for a course in Public Health Work, on the satisfactory completion of which a certificate is granted; and

WHEREAS, the Institute of Technology has opened all its courses to women, the affiliation with Harvard University, which is not a co-educational institution, debars women from participating in this most desirable course;

Be it therefore resolved, that the American Nurses' Association, in Congress assembled in San Francisco, appeal to Harvard University to set aside its ruling in this department and admit women to the Public Health Course, who are adequately qualified to meet the standard for admission required by this University.

On motion of Miss Hilliard, this resolution was adopted.

MISS TAYLOR: WHEREAS, the enfranchisement of women—the recognition of the political rights of one-half the people of the United States to have a voice in the decision of questions of vital interest to them, such as peace and war, child labor, marriage and divorce, community property, etc., is the foremost political issue of the day;

Therefore, be it resolved, that the American Nurses' Association in convention assembled in San Francisco, June 25, endorse the Susan B. Anthony Amendment, known in the 63rd Congress as the Bristow-Mondell Amendment, and urge its passage by the 64th Congress.

Miss Sweeney moved the adoption of the resolution. The motion was carried.

MISS JAMME: This Association went on record at its last meeting in San Francisco as not favoring woman suffrage. Miss Dock was so bitterly disappointed at the result that she has hardly recovered from it to this day. I believe it would be a very courteous and humane act to telegraph to Miss Dock stating that this Association has gone on record as favoring this amendment to the Constitution.

Miss Hilliard moved that such a telegram be sent. The motion was carried.

MISS TAYLOR: The next resolution is as follows:

WHEREAS, the American Nurses' Association believes that alcohol lessens vital resistance, fosters poverty and all the diseases which come from poverty, hindering the progress of the community; and

WHEREAS, the American Nurses' Association is firmly convinced that it is the greatest cause of human ills;

Therefore be it resolved, that the effort of the New York City Health Department to establish a betterment of public health by conducting a systematic, vigorous and definite campaign against this acknowledged evil, be given a full and whole-hearted endorsement by the American Nurses' Association assembled in San Francisco.

Miss Squire moved that the resolution be adopted. The motion was carried.

MISS TAYLOR: WHEREAS, the members of the American Nurses' Association feel a great sense of appreciation towards every one in California who has so cordially contributed to the success of this convention;

Be it resolved, therefore, that its grateful thanks be expressed and placed upon record;

Be it further resolved, that at this time we especially mention, with gratitude, the Rev. Charles F. Aked, pastor of the First Congregational Church and the official board for their generosity and expression of good will in placing the church at our disposal for the meetings of the Association; furthermore, to Mrs. Frederick G. Sanborn, president of the Women's Board, Panama-Pacific International Exposition, for her words of welcome and greeting to the City of San Francisco, and to Mr. Alvin E. Pope for his invitation to visit the Hygiene Exhibits in the Palaces of Education and Liberal Arts; to the County Nurses' Association of San Diego, for their hospitality and entertainment at the San Diego Exposition; to the County Nurses' Association of Los Angeles for providing the unusual opportunity to attend the Mission Play at San Gabriel; and to the First District Illinois State Association Graduate Nurses, Chicago, for their hospitality.

Furthermore, the American Nurses' Association desires to express its thanks to the Board of Regents of the California University for the use of the Greek Theatre for its special session; to the Board of Directors of the Panama-Pacific International Exposition for the use of Festival Hall; and to Dean Gresham and the Guild of St. Barnabas for the use of Grace Cathedral crypt and the invitation to service; to the city editors of *The Examiner*, *The Chronicle*, *The Bulletin* and *The Call* of San Francisco, we would especially express our thanks for the liberal space and favorable reports of our proceedings during the convention.

To the Program Committee and Committee on Arrangements, through whose efforts the machinery of the convention has gone on so smoothly and successfully and to the California State Nurses' Association for their unlimited hospitality; for all these, the American Nurses' Association, in convention assembled, expresses its grateful thanks.

For the cordial invitation received from the Nurses' Associations in Phila-

delphia and Cleveland, to assemble in their cities in 1916, the American Nurses' Association desires to express its appreciation.

Respectfully submitted,

ANNA C. MAXWELL,
SARAH J. GRAHAM,
EFFIE J. TAYLOR.

On motion of Miss Robinson, the resolutions were adopted.

Miss Goodrich also moved that the Board of Directors be empowered to send a request to the Department of Labor at Washington, asking that nurses be excluded from the provisions governing contract labor. This motion was carried.

The president then called for a report of the Transportation Committee which had been omitted.

REPORT OF THE TRANSPORTATION COMMITTEE

M. LOUISE TWISS, *Chairman*

Early in the year, your Committee, on the suggestion of Lavinia L. Dock, to whom had been entrusted the duty of arranging the proposed trip of the members of the International Council for their triennial meeting at San Francisco, interviewed the old and reliable Frank Tourist Company, of New York, and found that satisfactory arrangements could be made for the transportation of the eastern nurses. An itinerary was suggested and printed in the AMERICAN JOURNAL OF NURSING inviting the nurses who expected to attend this convention to signify their intentions to the Frank Tourist Company. A schedule of prices was made so that nurses could, if they wished, participate in certain side trips, in addition to the various points of interest to be visited on the regular route. Your Committee feels that the itinerary they have prepared has given the largest opportunity possible to visit the greatest number of interesting places within a given time. Your Committee trusts that its work meets with the approval of those who participated in this itinerary and that many friendships have been made en route which will remain a pleasant memory for many years.

The report was accepted.

THE PRESIDENT: I have been requested to make an appointment of a member from the American Nurses' Association on the Advisory Board of the National Committee for the Prevention of Blindness. I will appoint Miss Van Blarcom, of New York and Miss De Peltquestangue, of Massillon, Ohio.

Then there are two members that the Chair must appoint on the Nominating Committee for 1915-16. On that committee I desire to have the private duty group well represented; and as chairman of that committee I shall appoint

Arabella R. Creech of New Jersey, with Margaret Wilson of San Francisco. Now, there are three nominations to be made from the floor.

The remaining members of the committee: Eliza Johnson of Kentucky, nominated by Miss Sly; Sarah J. Graham of New York, nominated by Mrs. Twiss; and Charlotte Forrester of Missouri, nominated by Miss Marksman, were unanimously elected.

MISS GOODRICH: We are very anxious to increase one fund, and to establish another fund. We desire very greatly to increase the Robb Memorial Scholarship Fund which was originally, as stated in the report the other day, an endeavor to raise a fund of \$50,000 the income to be used for scholarships. It has also seemed eminently fitting that a Memorial should be raised to Miss McIsaac and it should take the shape, possibly, of a loan fund. The idea came from the Isabel Hampton Robb Memorial Committee that this other memorial fund should be also started, both of these funds being used to advance the educational training of our graduates. We need, of course, to make a very wide campaign. I don't need to take your time to go into the very great needs for this money. We are constantly having applications from women who desire to fit themselves for advanced work in nursing, but many cannot do so because they have not been able to lay aside the money which such courses require; but if the demands from nurses desiring funds to fit themselves are numerous, they are not nearly as numerous as the demands from institutions and the public health people, in every branch for women who have this further preparation, and so we must earnestly beg you to interest yourselves in whatever method the Memorial Fund Committee decides to use to obtain these funds. I say that, because the members of the Committee present in San Francisco were not sufficient to really take any action and there will have to be a meeting of this Committee later on. It is quite probable that they will send out slips to all the different alumnae associations and ask if the different members or the different organizations will indicate what amount of money they will give or raise, and to which fund they would like the money so raised to go. We earnestly ask your deep interest in these funds. I wish you could realize how tremendously helpful the women have been who have been able to avail themselves of these scholarships and the way in which they are building up not only the reputation of our profession but the advanced work, and the wide opportunity that is open to our profession through women who have had the advantages of additional courses. They need not necessarily be courses taken in Teachers College; there is a course in Chicago for Public Health Nursing, in Boston, and in the Phipps Department; but only those courses are recommended by the Scholarship Committee which the members believe will be of distinct advantage to the women who are taking them. I am asked by your president if we would like to have pledges now. We should be very glad indeed to do so; and if any of you have come on prepared to pledge any sums of money for your associations, I beg you to believe that they will be exceedingly welcome.

Miss Ahrens moved that an Isabel McIsaac Memorial Fund for educational purposes be established, and that the Committee of the Robb Memorial Fund present a report at the next convention as to the manner in which this fund should be used, to be voted on by our organizations, at that time. The motion was carried.

Pledges were then given for both the Robb Memorial and the Melsaac Funds. (The amounts will be published later in the news items of the JOURNAL.)

Pledges were then given for the Relief Fund.

MISS GIBNEY: May I ask when and from what source the Relief Fund money comes for a nurse who is in need of aid? To whom should she apply and in what way? Does it mean \$10 a week for five weeks or any specified given amount?

THE PRESIDENT: As it now stands that is left to the president and the chairman of the Relief Fund, and it depends of course, on the condition of the nurse and the circumstances generally.

MISS RIDDLE: When the Relief Fund was started, the Robb Fund sidetracked itself in order that the Relief Fund might have the right of way. Please don't forget that the Robb Fund is now ready to do business again.

THE PRESIDENT: The Memorial which was presented to the American Nurses' Association at Festival Hall the other evening is on exhibition. The inscription is "In commemoration—The Panama Pacific International Exposition, San Francisco," and "Presented to the American Nurses Association June 22, 1915." It is a beautiful bronze plaque and will be placed in the strong box of the secretary until we have our National Headquarters where it will no doubt be properly framed in commemoration of the splendid spirit that you have brought to us in California and a substantial start on a new line in our work which I feel certain will be the result of this meeting.

Miss Montgomery then gave the report of the tellers, as follows:
The number voting were 361. Ballots cast correctly 359.

President: Anne W. Goodrich, New York.

First vice president, Adda Eldredge, Chicago.

Second vice president: Agnes G. Deans, Detroit, Mich.

Secretary: Katharine DeWitt, Rochester, N. Y.

Treasurer: Mrs. C. V. Twiss, New York.

Director for three years: Jane A. Delano, Washington, D. C.;
Mary M. Riddle, Newton Lower Falls, Mass.

Director for two years: Ella P. Crandall, New York; Mathild Krueger, Neenah, Wis.

Director for one year: Mary C. Wheeler, Chicago; Dr. Helen B. Criswell, Los Gatos, Calif.

The report of the tellers was accepted.

The new officers were then introduced and after a vote of thanks to the retiring president, the convention was adjourned.

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